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No. 31

CLINICAL ASPECTS OF PSYCHO-ANALYSIS

RENÉ LAFORGUE

TRANSLATED FROM THE FRENCH BY JOAN HALL

Dr. Laforgue, the leading psycho-analyst in France, has done a great service by putting into book form his lectures to the French Institute of Psycho-Analysis. Speaking with the authority and knowledge of an experienced practitioner he starts methodically with the approach to the patient, proceeds with an outline of the treatment, with well-chosen case histories, and ends with a description of the correct method and time to finish treatment. He also includes technical matters such as active therapy, the treatment of frigidity in women. With an illuminating sureness of touch he deals with the therapeutic factor in psycho-analytic problems which to the lay mind are not connected with neurosis at all, such as the almost unavoidable family conflicts, and the reasons for failure in life.

The book combines the liveliness characteristic of the French with thoroughness and depth. It describes the kind of people fit to undergo treatment, and those who should be advised against it. It also discusses the more thorny problem as to the personalities which make good psycho-analysts. All these problems are treated here in an entirely original manner which is the outcome of independent and unconventional thinking.



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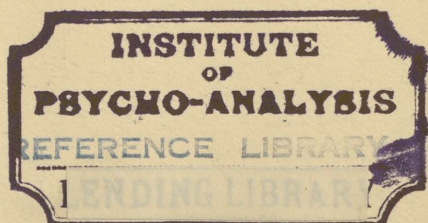
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REFERENCE LIBRARY.

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A MADAME MARIE BONAPARTE

je dédie ce recueil de conférences, hommage
respectueux et reconnaissant pour sa généreuse
collaboration.

R. LAFORGUE.

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FIRST LECTURE

THE APPROACH TO THE PATIENT

CLINICAL psycho-analysis is a vast and complex subject which we do not expect to treat thoroughly in fourteen lectures. I should deem myself fortunate if I succeeded in giving you a general idea of it.

It is undeniable that a sound clinical experience is as indispensable to us in psycho-analysis as a good theatre experience is to a surgeon, and it is not sufficient to follow a course to gain a knowledge of it; our most distinguished professor is always a student, and the best clinical experience we can acquire is by our own faults and mistakes. Indeed, in psycho-analysis, it is not enough to be able to make a diagnosis in order to understand a case. It is by grasping this fact that our attitude towards the course of treatment is generally determined. Many cases cannot even be placed in the traditional scheme of classification of the neuroses, a classification too narrow for our subject which is still plastic and in the making and which forces us to observe things from a little distance, without exacting any more from the formulae, conceptions and theories than they can give us.

Let us see now how we should tackle our subject with a view to rendering it as instructive as possible.

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The analyst's approach to the patient is, as you know, very important for the prognosis of treatment. It is this which often makes the patient understand the usefulness of this treatment and induces him to make the necessary effort to follow it.

This approach to the patient is not always easy to effect, because it is not enough to provide the patient with a skilful diagnosis of his case, a diagnosis which will generally tell him next to nothing; the essential consists in making him feel that you understand his difficulties.

What is the procedure? For you usually find yourself opposite someone who is seeing you for the first time and to whom, whatever your reputation may be, you are a stranger. Add to this that you are forced to touch upon all kinds of delicate questions, disagreeable for your patient, and you may then have an idea of the situation which you have to face.

One of the first rules to be followed in order to succeed in understanding a case is to refrain, at any price, from wishing to understand it all at once. It is the same with the faculty of understanding as with many other manifestations of our sensibility. It does not come by compulsion, nor from the effect of force. It needs a certain atmosphere of goodwill and indulgence, a humane fellow-feeling which you are capable of experiencing for those who come to you. Moreover, this sympathy for the patient will induce you not to seek a cut-and-dried opinion from a first consultation with him, but to content yourself with a general impression of the case and to make him accept the fact that you cannot offer him more after one meeting, since this impression exacts a great number of consultations before it becomes a

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certainty. It is true that the patient is not always satisfied with this reserve and caution, particularly as he speaks to you as though to a magician. Generally, he cannot bear this anxiety required by the acceptance of uncertainty; he escapes from it by seeking refuge in any illusion of certainty. However, in practice, your calmness, the confidence with which you proceed and the fellow-feeling that you tender to him can make him accept the preliminary tests necessary for access to the subject.

What is the appearance presented by each patient in respect of his neurosis? We have already said that it was difficult to catalogue them according to the traditional classification of the neuroses. This classification has, above all, a guiding value for our theoretical discussions. We know, with a certain amount of clinical experience, what is understood by such and such a diagnosis and what symptoms they express. At the same time, we understand that those are the prominent symptoms of the case and that there may be others likely to lead to another diagnosis. For example, a man comes to you complaining of impotence, although he may also have obsessions. In another case, anxiety may dominate the clinical picture; but side by side with this you may meet symptoms of hysteria. Then there are numerous cases that we can place in the usual groups and which we describe either by the term *character neuroses* or as I have proposed by the term *failure neuroses*. In these cases the chief manifestation of which the patient complains does not correspond with a disorder which he recognizes as he would an abnormal symptom. It is a suffering, a social difficulty, following the inability of the individual to adapt himself to his normal social obligations, and he is not quite sure whether the fault is

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his or that of someone else. He naturally blames the circumstances or the surroundings rather than himself.

In spite of this difficulty in classifying the patients, we can reduce them to different types which have a certain similarity in appearance; types with which we must familiarize ourselves because they give us valuable indications of the method to be followed to get to know each one of them.

I tried, several years ago, to describe a certain number of these types which present a similarity of appearance; I refer, for example, to the Salavin type, the Jean-Jacques Rousseau type, the false victim, the carmelite of the neurosis, etc.

I believe that a more complete study of these types can have a considerable practical value in that it would allow the beginner to find his way more easily among the complexities of the cases with which he has to deal.

The classification of these types is not made, as is that of the neuroses, according to the symptom which dominates the clinical picture of the state of the patient, but according to his general behaviour, or, if you prefer it, according to what we call his character. A classified category of patients can group together individuals whose diagnoses of neurosis differ one from the other; the Salavin type, for example, is represented firstly by a man suffering from impotence, then by one with obsessions and thirdly by a patient suffering simply from a difficulty of social adaptation. You can understand more easily what must be done when you recognize the type to which the patient belongs than when you only know the diagnosis of his neurosis. The diagnosis, according to each case, can be applied to patients of different clinical types

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particularly when the diagnosis is, for example, one of impotence or frigidity. Impotence, just as frigidity or manifest homosexuality, is present as much in those patients in a state of anxiety as in those suffering from obsessions.

Usually we can place our patients in two big categories. The first is composed of those patients who know what their complaint is and are very upset about it and who have an earnest desire to do everything they can to be cured. The second comprises the patients who are only partly aware of their complaint; they attribute their difficulties to the influence of surroundings and do not realize the consequences of their state, both inasmuch as it concerns their own activities as in the evil influence which they can exercise on the activities of others, their families, their children, etc.

Actually there is a third category of patients who rarely come to you: I refer to the large category of people who bear their neurosis relatively well, who know how to use it to their advantage, either materially or morally, and who, realizing their state, do not as a general rule want to change it. Indeed, they are often even proud of it. In short, for them, their state is not a suffering but rather a source of satisfaction. Apart from the exception this third category need not be taken into account by us. In practice it is especially with patients of the first and second categories that we have to deal.

Usually it is easy to approach patients in the first category and to make them accept the analysis. Often they come to you after having tried, without success, every other mode of treatment. They are sent to you as a last resource by colleagues or people you have treated; or again, they come of their own

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accord, having come into contact with psycho-analysis through books.

This category covers those suffering from obsessions, from anxiety, from various phobias, from impotence, frigid women with sexual obsessions, homosexuals who do not accept their state, certain hypochondriacs, hysterical persons and those in a state of anxious depression, etc.

With these patients the approach is not always effected in the same way. Whilst you can begin immediately upon the treatment of an obsessive patient, who, because of the need for confession determined by his case, accepts with satisfaction the conditions of the analysis, the procedure is quite different for those suffering from phobia and anxiety states and for hypochondriacs. You have there two different clinical types which it is useful to know. The obsessive patient is much easier to treat than one suffering from anxiety or phobias. He is much less vulnerable, less sensitive to errors in attitude or treatment. He is generally good-natured and will forgive you the sufferings your clumsiness may cause him. A difficulty, which, strictly speaking, will arise at the first meeting is a delay due to some possible obsession. You know that some obsessive people cannot, for example, go upstairs, cross the door-step or go through a doorway, etc., without indulging in a complicated ceremonial, capable of nullifying the effect of the evil thoughts they may have had on the stairs, in front of the door, etc. They may find themselves stopped for hours, obliged to perform certain rituals and pronounce words which have, in their opinion, the power to efface and nullify the evil that they fear they have provoked. And so an obsessional patient may be late for his consultation or he may not come at all,

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because, after too long a delay, he no longer likes to trouble you. In this case it is not advisable to be severe with him as his delay is not intentional. Generally obsessional people are the most conscientious beings in the world; they are even too much so; their wrong, if wrong there is, is to be too well-meaning.

It is not quite the same with those suffering from phobias and anxiety. A mistake made at the first meeting can have with them repercussions which are unfavourable for treatment and which may even compromise it. It is therefore necessary to insist on the difficulties in the approach to patients of this kind.

Those suffering from phobias and anxiety and hypochondriacs have usually stored up within themselves a considerable quantity of aggressiveness which frightens them and makes them feel that they are haunted and persecuted, and which, too, they try to conceal and repress in every way possible; also, by opposing this aggressiveness, they acquire an external appearance which is almost the contrary of what they really are. Often in their case, behind the face of a timid, sensitive man, correct and polite to excess, lies hidden a vindictive being, bitter, envious and uncivil, in short, a rebel, but a rebel who has never learnt to accept his own feelings, nor express them openly, because of his fear of the consequences; a rebel who always believes himself in the wrong and who can never declare himself for any person or cause whatsoever. He only succeeds in taking sides against himself and his own revolt, which is only too often justified by the sufferings and deceptions of an unhappy childhood. These patients, when they come to us after an attack of anxiety, with palpitation of the heart and a

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considerable inhibition of their activity, complain of not being able to succeed in their enterprises, of their inability to do things well, and, in a paroxysm, of not seeing things clearly to the extent of being sometimes unable to read the letters in a sentence. They have an unhappy, inoffensive and aimless look, like that of children, but be on your guard. In spite of their inhibition, they can still see many things, being always unconsciously on the look-out for some suitable pretext to justify their unconscious hate and bitterness.

With them it is advisable to adopt a passive attitude, to avoid appearing confident and sure of yourself and to refrain from imposing the analysis on them as their only possible salvation. To be able to apply the treatment with any prospect of success, you must let them take the entire responsibility for it. Generally, you will inspire these patients with mistrust and fear, despite all their protestations of ease and confidence. They are often people who are ill through their parents' fault, and it is with their parents that they are angry, though they do not know it; it is from their family that they have sought shelter in their state.

When you have analysed many of these patients you will know that their state, though unfortunate, frequently constitutes the only solution possible to the difficulties experienced by them in their family life and the sole protection against it. You can hardly do them justice if you are in ignorance of the family neurosis; what you find at the root of many a case is the parents' disease, their wrongful behaviour towards the child; our therapeutic task consists then in compensating the patient for the injury done him by showing him a more just and

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discreet understanding, capable of setting to rights his parental *Super-ego*.

I shall enlarge in a future lecture upon the question of family neurosis which must be thoroughly understood before you can sufficiently realize the necessity for prudence and reserve when dealing with these patients. It is important to let them come to you slowly and to forgive them their flights from you. You are dealing with people who are difficult to tame, who are often of a very sensitive and delicate nature and who want to test the analyst before undergoing treatment, in order to know whether or not he is capable of doing them justice. These are people who, through countless complications and fears, seek to re-establish a normal, vital contact with their surroundings, which has been made impossible by the shocks they have had to endure through no fault of their own.

The approach becomes much easier with patients complaining of impotence or hysteria—unless you are dealing with one suffering from anxiety, which is fairly frequent. You know how impotence manifests itself; you know that it is a neurotic symptom which can become complicated with many other symptoms. Impotence is very often present in those suffering from anxiety as well as in obsessive people and hypochondriacs. It is perhaps rarer in hysterical people. In short, every neurosis representing an inhibition of the affect of the subject can have repercussions on his sexual powers. When the neurosis is well tolerated and passes unperceived by the subject he will have the illusion of only suffering from impotence. But psycho-analytical investigation will soon show him that impotence is but one of the aspects of the question.

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In the course of a first meeting with a patient of this category it may be useful to try and open his eyes. You should show him how all his social activities are liable to be affected by his state. According to the cases, you will deal with an inhibition to work, inability to make a decision, tendency to go from failure to failure, disorders of the gastrointestinal system, obstinate constipation, heartburn after meals, Reichmann's syndrome, hay fever, asthma, a latent or manifest homosexuality, etc., etc. With homosexuality you enter into the domain of sexual perversions, Rousseau masochism, exhibitionism, fetishism, necrophilism. And, from the domain of perversions, you pass to that of criminality. You know the number of crimes that are the results of an abnormal sexual activity. I shall only quote as an example the crimes of Kürten, the vampire of Düsseldorf.

Naturally you are not going to find out, from the beginning, *all* the symptoms of a patient suffering from impotence. It will be enough to know of their possible existence. You might sound the patient discreetly in order to find out the characteristics of his particular case; you can, without risk of shocking him, touch upon the question of his difficulty in working, of inhibition in his activities. If he has organic symptoms, he will also allow you to speak of them as of something that can happen to anyone. It will be still more difficult to approach the domain of sexual perversions, unless the patient has studied the question, which is the case more frequently than you would believe. He will speak relatively quickly on masturbation, on certain phantasies of a thrashed child, the need for self-punishment and of exhibiting himself in public, etc. But he will

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reveal with greater difficulty certain other perversions, as for example the need of making prostitutes give him enemas and of being masturbated by them, coprophagy, the need to violate corpses, little girls or again the compulsion to kill in order to be able to accomplish the act. When approaching these questions, much tact must be used and the patient should be made to understand that, in the practice of his profession, the analyst does not himself consider the social or moral aspects of the case, but treats it from a strictly scientific point of view. I need not tell you that the analyst who is unable to adopt such an attitude and who, from religious, social or national principles, desires to reform his patient, would fail in his duty and be incapable of accomplishing his task efficaciously. For these perversions, like obsessions and religious practices, cannot be reasoned with. They are the expression of a state which we may hope to modify, but for which no one is responsible. Even the terms *normal* and *abnormal* must, in these cases, be used with considerable reserve and prudence, because it often happens that what at one epoch seems abnormal (incest between brother and sister for example) may not be so at another. And what may be normal in biology is sometimes abnormal from a social point of view.

Another rather difficult question is that of frigidity in women. Clinically the question presents itself in a manner analogous to that of impotence in men. But, in practice, at the present moment, women still have great difficulty in approaching these questions, particularly when they have to consult a male analyst.

The question of frigidity in women introduces the relations between this symptom and the neurosis

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from which it emanates. And this neurosis, just as the one that determines impotence in men, can reveal itself in many ways: character disorders in masculine women, in revolt against men and sexuality, latent or manifest homosexuality, toxico-mania (in women suffering from this last frigidity is very frequent). Then in the organic domain: disorders of the gastro-intestinal system, visceroptosis, chronic constipation, dysmenorrhea, metritis, leucorrhoea, amenorrhoea and, perhaps, a tendency to the formation of fibroids in the uterus or of ovarian cysts. Again, there is frigidity and frigidity. In certain women, the orgasm breaks down during the normal sexual act but is provoked by masturbation. You may, therefore, encounter total frigidity and partial frigidity.

When dealing with married women the symptomatology of this neurosis is further complicated by all the possible repercussions projected on to the surrounding people, the husband or children, and is interpreted by what we call the family neurosis.

The husband, particularly if he is normal, can be more or less impotent with certain women of this category. The children, according to the case, are impeded in their affective development: the boys are inhibited in the development of their virility, the girls in that of their femininity. We know of the number of disorders, difficulties and failures in life which can result from such a situation.

You see, therefore, that you may sometimes be confronted with cases where the frigidity of the woman reveals a very complex state, the consequences of which are often more serious for the family than for the patient herself. The maternal neurosis, so called because of its effect on children in early childhood and on the formation of their

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Super-ego, is, in my opinion, one of the most frequent and dangerous causes of disequilibrium in human beings. The importance of knowing this lies in being able to intervene with all the authority and energy often necessary for treatment.

Many women only allow themselves to be treated when they understand the danger they represent for their children. It is amongst these women that we should place those I have grouped under the denomination of 'false victims' or 'carmelites of the neurosis.'

We next have to deal with a second category of patients; I refer to those who remain more or less unconscious of their state. Amongst these, we again find two big groups: the first comprises those patients whose state is recognized by the people around them and not by themselves and who are brought to us by their family. They are usually subjects presenting character disorders, hypochondriacs, paranoiacs, schizophrenics, criminals, etc. The second group is represented by individuals whose state has not been recognized by those around them any more than by the patient himself. In this second category, we find the patients affected by a failure mechanism which the people around them consider, at the most, to be bizarre or unfortunate, and also patients in whom the neurosis is hidden behind an organic complaint, a symptom at the service of the neurosis. These patients undergo treatment for their organic disorder, while the real cause of their state may escape everyone, even the doctors treating them! I shall quote as an example certain tubercular cases, certain diseases of women, disorders of the stomach and intestine disorders, etc. These last are particularly numerous. Add to this group the patients whose difficulties are purely

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social, free from any 'official' abnormal character, for example gamblers, and we shall have practically exhausted the types of patients belonging to this category.

With reference to the first group (the one in which the patient is brought to us by his family), it may be easy to become acquainted with the family, but it is not always the same in the case of the patient.

Here we have to do with patients whose reason still appears intact, and with others who reason falsely. Among the first, we place individuals suffering from character disorders, certain hypochondriacs and paranoiacs; among the second, paranoiacs with a systematic delusion of persecution and schizophrenics.

It is indeed the first group, composed of patients who are still capable of using their reason, which is by far the most interesting to the psycho-analyst, although the approach to the patient is not always easily effected.

The group of patients suffering from character disorders will be dealt with more fully later. Although they often come of their own accord when they realize their case, they are mostly young subjects sent by their parents who complain of their children's strangeness. For example, a son who fails in all his examinations, has extravagant ways, tends to frequent low-down haunts such as opium dens or drug houses. He has rather grandiose ideas, he tells all kinds of stories about his parents' fabulous fortune and sometimes commits misdemeanours. In order to get money he buys books on his people's account and immediately afterwards sells them again, etc.

Again, a girl who is different from other middle-class girls. Like boys, she seeks extraordinary

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adventures, goes out, if possible, every evening and loiters in public-houses. She frequents women of bad reputation and is in open revolt against her parents and her sphere of life; unpleasant scenes take place every day. She does not want to get married and daily makes future projects as ridiculous as they are definite, but never persists in what she undertakes. Will her parents, after several discussions, consent to her studying art? She would like to go in for the cinema. They give in to the cinema, only to find that she wants to open a bar.

She acts similarly with her friends and never remains faithful to them for long; they are not sufficiently extravagant. Add to this that the subject is a girl from a middle-class home with a pious mother who has severe religious principles, and you will realize the tragedy of the case. It is not only as an example that I am quoting this case which may have several variants. It is always very important to know from the beginning not how to gain but how to *merit* the patient's confidence. The task, as we have already stated, is not an easy one. This confidence will only be obtained if you get to understand the situation and if the patient feels that you are sincere, just and capable of dominating the situation. These patients are often victims of the family neurosis. You must, from the beginning, know how to find this out and it can only be done by intuition supported by long experience. You cast a rapid glance over the parents. You find a conscientious, timid father, who, despite his social situation, has remained something of a child. He has scrupulously noted everything concerning his daughter and brings out his papers; but his wife does not give him a chance to speak, she interrupts him all the

time even when what he says is right. She sighs: 'Oh! how unfortunate!' She often gives you to understand that she has been a victim all her life! . . . You look at her, a little astonished, because she does not appear to be one: she is fairly robust, with a healthy face and has a very decided look about her. Her thumbs are large and self-willed; her jaw is hard . . .; her husband appears to you to be the sufferer! . . . You begin to see who is the master. 'Oh, yes,' says the mother, 'in my husband's family there are several cases like this one; it is a family I don't see very much of because their mentality doesn't please me at all; my husband, too, has ended up by hardly seeing them. We have three children. The eldest, a boy, has always been ill; we wanted to make him an engineer, but he wasn't able to continue his studies and is at the moment in a sanatorium in Switzerland, undergoing treatment for his lungs. We lost our second child, a girl, two years ago. . . .' Thereupon, the mother begins to cry bitterly. 'Yes, the poor child had a fall, we don't know how, just think of it, doctor, a fall in Switzerland during an excursion. She fell from a rock and got killed! The excursion didn't seem dangerous and no one could foresee such an accident. The third child is the daughter we are sending to you. She does nothing but upset us. After wanting to go in for the cinema, she has now decided that she wants to open a bar.'

Such a situation is characteristic of the family neurosis. You make a note quickly. The father, when a young man, came out of college and probably wanted to marry a girl of good family and with plenty of money! He found the money but also more than he had bargained for. . . . He has a miserable look about him and has, no doubt,

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allowed himself to be brow-beaten; or, if he has a fairly solid appearance, he has probably asserted himself, and in order to escape has sought compensation elsewhere. The mother has a self-willed face with a hard look in spite of the tears; her way of overwhelming her husband's family and of continually interrupting her husband shows you that you have, doubtless, to deal with a frigid, masculine woman, hating, without knowing it, all men.

The children in an atmosphere of this kind are always more or less 'touched.' The boys tend to become girls and the girls boys. Or again, they die accidentally or else commit suicide, usually unconsciously but sometimes consciously. If the father has asserted himself the prognosis of the case is much more favourable than if he has acted without courage and is weak and cowardly.

The moral divorce between the parents can, of course, repercuss on the children in several ways. But I should like you to avoid using the indications I have just given you in too general a sense. I have only quoted them in a documentary sense, to show you how to approach the children of this type of parents. You must, above all, avoid giving the patient the impression that you are taking the parents' part. You often have to deal with intelligent children, whose force of character, although not always well employed, may be considerable. Sometimes you may even find yourself confronted with a very talented individual whose capacities remain partly unused. You always find that parents of the type described above behave unjustly towards their children. Everything is their children's fault, nothing theirs. Although the father may be unhappy, do not think that he has ever had the

courage to face the situation. In certain cases, fathers such as these succeed in making themselves believe that they are happy with their wives whom they have placed on a pedestal. They are not capable of any criticism and the analyst would do well to take this into account.

Enlightening a worthy citizen of this type should only be undertaken when it is absolutely essential and then with great prudence and at the risk of serious reactions. Until that moment, the father considers his child a pitiful wretch if it is a son, a criminal if it is a girl. By way of compensation, you can without trouble give the child to understand that the situation is perhaps more complex than the parents would like to admit. You can indicate in a general way that the father and mother are sometimes a little nervous, that this nervousness is capable of becoming the cause of disequilibrium in the children, and that anyway it is unjust to treat the children of such parents as criminals. Often indeed these children are but victims. Having brought the discussion on to this ground look more closely at the symptoms your patient presents, making him at the same time feel that no one is able to influence you and that you are there not to condemn him but to help him, that you are ready, if necessary, to take his part against his parents. Next it will be useful to investigate the effect which the failure mechanism may have had upon him, a mechanism due to the impediments that his affective development has endured.

I hope to be able to treat the question of failure mechanisms in the lecture I intend devoting to character disorders. It is important to have a thorough knowledge of these mechanisms and to be able to extract their law from them. The patient

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suffering from failure mechanisms is ordinarily very much impressed when we explain to him the part these mechanisms have in life; it makes him grasp the facts about his state and realize the necessity for treatment. The young man whom we discussed a little while ago, for example, will get to understand that his successive failures in examinations are not always due to his ignorance, but to anxiety, and it is this that makes him lose all the means of succeeding in a test where he is regularly beaten.

Another example: that of the young girl quoted above. Her difficulties with her parents are not always due to their bad intentions towards her. You will explain to her that she provokes them by her own behaviour and that she may be acting in the same way towards her friends and the people who could help her and whose help she needs to be able to succeed.

It is easier to explain these mechanisms to a fairly elderly person, who, without knowing it, has suffered from them all his life; but even young people can understand fairly quickly what is happening. From there to accepting the idea of treatment, if it is necessary, it is but a step. What is sometimes more difficult when dealing with young people is to approach the question of sex. With young men it may be accomplished without too much difficulty. Masturbation is often something of an obsessive nature to them and the fact of being able to speak about it without constraint and of learning that it is not a crime generally relieves them. It is not so with girls, who, often in these cases, can be by their character predisposed to frigidity and have repressed sexuality to the point of suppressing all idea of masturbation. It is then preferable to leave

the question alone and to avoid approaching it unless it arises of its own accord.

With these cases and still more than with the others it is prudent to refrain from entering upon any treatment immediately and without the necessary caution. A psycho-analytical treatment is a complicated operation which has its counter-indications and which, even when it is possible, necessitates favourable circumstances for a good result. In certain cases it can aggravate the patient's state, especially when it is a question of psychoses or of latent schizophrenias, exacting much prudence and very great experience on the part of the analyst. In other cases, when the subject lives in a very neurotic family, the analysis often pushes the patient to a struggle with his family, a struggle which is always painful since it is a question of judging one's father or mother or of taking sides against them; the chances of success are not great unless at least one of the parents supports the child. Again in other cases the patient is forced to attack one of the parents, either on a question of obtaining his permission to treat him if he is curable or of introducing a divorce action, and saving him himself or saving the children if there are any. For all these reasons and others which will be stated further on, we must guard against undertaking an analysis without sufficient thought and must realize that one can never be sure of reaching the aim in view. You know that the patient often asks you to fix a time limit for the treatment. You will understand, I think, that it is hardly possible for you to bind yourself to effect a treatment in a fixed time. There is the unforeseen to be considered, surprises and above all the spirit of opposition, that is to say the patient's resistance, for he is capable of playing

tricks on you should you appear to be too sure of your dates and success. This is especially true of hypochondriacs, whom you may place among patients who are aware not of their state but only of their suffering. It is true that there are hypochondriacs and hypochondriacs. Some include those suffering from anxiety, who, in their fear of catching some disease or other, demand reassurance; others, who are the true hypochondriacs, suffer from delusions.

Between these two states, there is room for a large number of intermediary states all of which have the peculiarity of forcing the subject to become ceaselessly absorbed in his health or rather in the disease from which he believes he is suffering. You should know that the treatment of all these cases is very difficult and not without danger to the analyst himself. These states always mask a paranoiac state, ideas of revindication and persecution. One may say that hypochondria is, in a certain sense, the negative of paranoia. This gives you an idea of the aggressiveness and sadism of these patients certain of whom have a veritable urge to kill. Should one, for this reason, exclude them from treatment? Just as in the case of many paranoiacs I shall not go so far as to say that; I think that these patients are often curable. But their treatment is difficult and exacts, in addition to ordinary analytical experience, great courage on the part of the analyst. I am now referring to real courage: not to a parody of it which consists in provoking danger to indulge in the spectacle of one's own courage. I mean that which personal assurance produces and which does not serve to mask and compensate for a feeling of inferiority. This courage, it is true, is only acquired in a struggle, when face to face with

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peril and at the risk of submitting to attacks, or in other terms when one is willing to accept a risk in the interests of a cause. What danger does the analyst run when faced with paranoiac-hypochondriacs? As the treatment is pursued the psycho-analyst gradually becomes, as in other cases, the patient's *Super-ego*, but a *Super-ego* by which the patient feels himself persecuted and which he, in his turn, seeks to persecute. The treatment in critical moments, then, easily takes on the aspect of a hand-to-hand struggle between patient and analyst, unless the latter, by his skill and dexterity, is continually able to put things back on the plane of the objective analysis, in spite of all the patient's attempts to transform the analysis into a boxing match. Pugilism here is the dispute, the revindication, the procedure, the process, the persecution, the menaces of aggression and even of death.

All these facts must be in your mind when you approach a patient of this type. You should know, without hesitating, how to weigh the pros and cons of the treatment, naturally taking into account the patient's intellectual and human value. In these cases you must never definitely enter upon a treatment before making preliminary tests to judge the solidarity of the patient's reason and his faculty of rendering the situation objective. These patients are in reality terrified by their *Super-ego*. And it is because of this terror and an exaggerated feeling of guilt that they seek to defend themselves against the rigours of their *Super-ego* and reverse the situation. They are accusing you of what their *Super-ego* is accusing them. They threaten you with what they feel their *Super-ego* is threatening them. Often this cruelty of the *Super-ego* is explained by real facts dating from their infancy. We know cases in which

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an operation for phimosis or a tonsillectomy, brutally effected as unfortunately is often the case, caused a shock from which the *Super-ego* has become paranoicogenic, if one may use the term. Another time, it was the loss of the father and mother which the patient had suffered in infancy and which he had interpreted as voluntary abandonment and as a punishment, which caused paranoia.

In many cases paranoia appears as a revolt, a despairing protestation against some real or fictitious injustice. It is often too a vengeance of this injustice, which explains the impulsiveness of these patients, who, ordinarily, need to accomplish their deed before being able to reason or have an objective. In this case the aggressive act of the paranoiac is equivalent to the settlement of an account and often has an effect analogous to this, namely a liberating effect. It therefore behoves the analyst to give compensating satisfaction to this compulsion. In any case he is obliged to take it into account.

We arrive now at the group of patients whose conscience is no longer capable of controlling or recognizing the pathological character of their reactions; I refer to the patients suffering from psychoses.

The psychosis that we most often encounter in our consulting rooms is schizophrenia. As in the case of paranoic-hypochondriacs, there are schizophrenics and schizophrenics. You are aware that we call schizophrenia a particular psychic state with eminently variable causes and characterized by a discord between the conscious psychic activity and the unconscious psychic activity, the one trespassing on the other and putting it more or less at a standstill. First of all let us consider the two extremes: on the one hand, autistic psychic activity without

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any other complication and which can be tolerated perfectly by the subject; on the other hand, the serious states with complete dissociation of the unconscious personality, auditory and visual hallucinations, incoherence in speech, catatonic rigidity, etc. Between the extremes, a whole series of intermediary states can be placed in which the limit between the normal states and madness is effaced. It is obviously the fairly mild cases which we take into treatment, although from time to time we may also have to deal with serious states.

The usefulness of psycho-analysis in schizophrenia has been much discussed and the opinions of the different authors are, on this point, contradictory; the last word has not yet been said. Also, I should like to express myself with great caution on this subject by warning you that my opinion is strictly personal and that it still needs justification by facts. I consider that the number of cases depending upon psycho-analysis is greater than you think. Often it is impossible to say from the first if a patient is or is not capable of undergoing the treatment. It is understood that I am only taking into account the cases in which the conscious personality is still fairly well preserved. However, I should like to explain to you in a future lecture the treatment of a fairly severe schizophrenia and show you how I proceeded by informing you of the results obtained up to the present time. This case will prove to you that the possibilities of improvement are sometimes considerable. All the same, it remains true that many cases no longer appear modifiable by psycho-analysis. The technique of the treatment should often be adapted to the individual necessities and this represents a particular difficulty. The question is not simple and merits, I

think, to be treated separately. I shall return to this point and show you how I effected the approach to our patient.

Generally speaking I should like to specify this to-day: it is usually the family that comes to consult you for these patients. You can, of course, promise them nothing and it is useful to inform them how unfavourable the prognosis of such a treatment still is at the present moment. But you can add that there are, however, cases surprising in their improvement and recovery. You can only give your opinion on the possibilities of a treatment after studying the case for some time. At the most, you can undertake to effect a provisional treatment, a treatment of investigation, undertaken to inform you of the structure of the psychosis and of the usefulness of the treatment. Certain cases seem to grow worse under its action either because the patient endures it badly or again because the analyst has not been able to adapt himself to the difficulties of his task.

Once these cases have been studied you must either abandon them or recommend them elsewhere. The treatment of schizophrenics cannot be undertaken by any analyst; he must have a particular talent; it may even be necessary for success that he is somewhat capable of schizophrenic dissociation if only to follow and understand the patient's reactions. These treatments always necessitate a patience which is not within the reach of everyone, as well as the faculty of interesting oneself in patients repulsive by their negativeness and a behaviour which induces psychiatrists to treat them lightly as dementiated (*dementia praecox*).

There still remains the examination of the last group of patients: those who have no more notion

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of their state than the people around them, either because it remains ignored as often happens in the case of a neurosis, or is hidden behind a real complaint put at the service of the neurosis. These patients, you understand, do not come to you spontaneously unless sent by a practitioner familiar with psycho-analysis and capable of making a diagnosis. Here we are dealing with a very important group of cases equally unknown to the public as to the majority of doctors. These are not the patients whom we have discussed and who endure their neurosis very well; indeed, you are dealing with people who sometimes suffer cruelly and whom no one knows how to help. The number of these cases who cultivate an organic disease, such as tuberculosis, is unbelievable. You can add to these patients a number of dyspeptics, asthmatics and without doubt certain individuals suffering from ulcers in the stomach and duodenum, certain patients with albuminuria or uraemia, and hypertension or hypotension, and many women afflicted with affections of the uro-genital system. You can also place in this category the cases of venereal diseases contracted by a need of failure or self-punishment or any other complication of life arising from the same need.

How should you approach these patients amongst whom there are many people who only ask to be saved? We have already said that they only come to us exceptionally, sent by colleagues or by people familiar with analysis. You are, therefore, obliged to go to them each time that this intervention may seem necessary to you. A painful task falls to your lot, that of enlightening your colleagues and the public on the existence of these states, to undertake in a certain way their education, in spite of their

incredulity, in spite, too, of the risk of being ridiculed. On the other hand, when one of these patients comes to consult you, it is important that you surround yourself with all the guarantees desirable, by consulting, if necessary, specialists of general pathology. It is also useful to remain in permanent contact with a good clinician, in whom you have confidence and who knows what analysis is. Your diagnosis will be made with his collaboration. You will make him control the patient's organic state and you will thus have the maximum chance of saving yourself from the complexity of such cases.

I think I have now defined the general lines of the subject. I hope that my statements have not discouraged those amongst you who are still beginners. I do not want to destroy their neophytic faith, this faith which often shows itself to be so useful in treatment and of which we have so great a need in order to be able to endure the trials of analysis and our own failures. You know that beginners have been known to succeed, thanks to their confidence, in certain treatments which more experienced analysts would refuse to undertake. I myself owe a great deal of my experience to paranoiacs and schizophrenics, that is to say to the inexperience with which I threw myself, head first, into their treatment. Lastly, I have often wondered what I should do to-day were I faced for the first time with a paranoiac case like the one which, however, was one of my greatest successes, and I am forced to confess that perhaps I should not have the courage to undertake a treatment before which I should not have hesitated ten years ago. You see, therefore, that excess in science is sometimes capable of killing science, progress in it often requires more sincere

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enthusiasm than experience. Let me warn you, therefore, that in the account I have just given you, there are things to be learnt and ignored by everyone. In the domain of clinical psycho-analysis, only experience acquired by oneself represents a definite value.

SECOND LECTURE

PSYCHO-ANALYTICAL TREATMENT IN PRACTICE

WE devoted the first lecture to the analyst's method of approach to the patient and the difficulties pertaining to it according to the nature of the neurosis under observation; to-day we are going to study analytical treatment in practice.

Access to the subject differs considerably according to each case. The treatment, as you know, consists in overcoming the patient's resistance to the analyst. This resistance is a psychic force which we encounter from the first consultations, an opposition force of which the patient is unaware and which tends to counteract the analytical action. You know what the cause of it is; every neurosis, however painful it may be for the patient, represents an equilibrium of psychic forces, and it is this equilibrium that you are going to destroy by means of your intervention. The neurosis usually has its expression in the individual's need for defence against a real or imaginary danger. It represents a protection against affective pulsions which the subject has been unable to integrate into the entirety of his personality, because, at a certain moment of its development, rightly or wrongly, he reacted against them as if they were pathogenic; he repressed them by counter-impulses and this repression has become in time unconscious and

automatic. The repressed impulses remained thus arrested in their development and manifested themselves by affective transformations. The harmonious synthesis of the psychic forces, necessary for the normal development of the individual, was injured, and he is thus in opposition to or at war with a part of himself. But he adheres to its repression for all sorts of reasons about which we shall have more to say later on, and he puts up a fierce defence against anyone who desires to liberate that part of his soul which is stifled and held prisoner inside him. This is the origin of the patient's resistance to the analyst.

This resistance manifests itself in many different ways. But it seems to me that four big types of its manifestations can be distinguished:

(1) The resistance appears in a brutal manner and is in direct opposition to you. It brings you to a complete standstill and only after much patience can you succeed in carrying the position it is defending.

(2) It occurs in an underhand manner, appears humble and lowly, tries to charm you and make the chords of friendship vibrate, it wants to win you over and fill you with pity; all this to turn the analyst from his line of treatment and draw him on to ground other than that of the analysis.

(3) The resistance stirs up a crowd of incidents more or less dramatic, destined to distract your attention and prevent you from seeing clearly into the true reactions of your case.

(4) The resistance conceals itself behind all kinds of pathological symptoms, as much psychic as organic, invented to frighten and confuse you; it hides under cover of feigned or real diseases employed to lead you in the wrong direction and involve you in all kinds of difficulties.

Besides these, there are naturally many individual reactions which are impossible to describe; they all pursue the same object of defence against the analyst's penetration into the unconscious of the patient. Let us mention one example, character resistances, to which we shall return later.

The first type of resistance, brutal resistance, is particularly noticeable in obsessive subjects. The patient, irritated by an idea which is ceaselessly haunting him, no longer succeeds in freely exteriorizing his thoughts as he finds it impossible to think of anything but his fixed ideas.

The second type, resistance by seduction, is more often found in those suffering from anxiety states, whose aggressiveness has been repressed and can only arise in a forbidden manner! It is also observed in certain homosexuals at the beginning of treatment.

The third type, resistance by dramatic incidents, is, it seems to me, more frequently encountered in certain character neuroses, in hypochondriacs and particularly in paranoiacs, in cases arising from criminology and lastly in certain homosexuals at the end of their treatment, when the reactions take on paranoiac characteristics.

The fourth type, resistance by symptoms, is observed in hysteria and in a number of neuroses with organic reactions, such as psychogenic tuberculosis, for example, where the neurotic has acquired the habit of playing on his environment with the help of a real disorder, purposely cultivated for the needs of the cause. It is also encountered at the end of treatment of paranoic-hypochondriacs, to whom illness is indispensable in order to rationalize their idea of the injury caused them by someone.

Character resistance is encountered in character neuroses; we shall discuss it later.

There is reason to establish a distinction between the resistances of economic rank and those of aesthetic rank. The first (brutal resistances) are due to the tendency of the neurosis to economize in libidinal expenditure. The neurotic has retired within himself, does not discharge his energy normally because, for different reasons, he is afraid to do so, he is afraid to run the risk and have to pay with his person. The second type (resistances by seduction) depends upon the fact that the individual likes himself as he is, unconsciously and sometimes consciously, and, for this reason, does not want to change—or, if he is willing, only at the price of a more or less violent resistance, by wounding his vanity and under the pressure of necessity; often, when the neurosis is well tolerated by the organism, he refuses to accede to this transformation.

You know that there are innumerable reasons for these resistances. But they are, above all, caused by an unreasonable terror which is usually profoundly unconscious, at least until the treatment exposes it. This terror exists in men as in women and urges the individual, rather in the manner of Gribouille, who threw himself into the water to avoid getting wet in the rain, to fling himself into any complication provided he escapes from the object of his terror.

You are aware that this terror can manifest itself in men and even in women by what we call fear of castration. It may appear surprising to meet it in women. However, it becomes comprehensible if you take into account the fact, well described by Rado and Melanie Klein, that it is particularly noticeable among masculine women who react in the same way as men and who substitute for the penis some other part of their body, the head for

example. Such is the case of certain intellectual, neurotic women. But, in both sexes, behind this fear of castration, another anxiety prevails, much more elementary and fundamental. Each person meets it if he follows his normal destiny, and, if he wants to live, he must be able to face it—I refer to the fear of death. To enable human beings, whatever their sex, to accomplish their destiny, nature demands their existence. Woman gives birth to life at the price of great suffering only and at the risk of her very existence. Man, before he can release into another being the germ he has ripened within himself, is forced to face many trials which expose his life to no less a danger than that surrounding the woman's life at childbirth. The two sexes are linked together by sexuality at the fate of mankind, a fate which goes beyond them and shows them how to become the pasture of the generations of to-morrow. The individual revolts against this fateful law. The psychic and physical capital that he has accumulated must be spent on someone else, he must bequeath what he has acquired at the price of his very substance to those representing the future. It is this sacrifice which inspires in him the fear of death, a sacrifice which is relatively joyful and easy when you are not afraid to live, nor afraid to abandon, at every moment, what you were yesterday for to-morrow; but it is an unbearable sacrifice for the neurotic, who recoils before the last fulfilment. To become eternal he has refused to give himself up to the development of life; to escape death he sought, by means of a thousand deaths, to buy that omnipotence with which he could oppose life. He rebels against all that is natural in him and resists all beneficial abandon; he is afraid of slipping on the slope of life, being carried away and hurled over

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the precipice into death. He will seek escape in every direction, often with the result that he will much more surely succeed in the repression of his individuality than if he had accepted to risk and lose it in the cause of mankind.

Women who have revolted against their femininity will always envy men their privileges and the same attitude will be observed in effeminate men towards women; each one, being unable to yield to the existence of the other, for fear of mutual destruction, will try to escape from one another. The result will be a more or less total incomprehension of the sexes among these people, each one seeing in the other but the privileged enemy, without any human sentiment allowing them to try and collaborate or understand and help one another.

In the eyes of the effeminate man, it is the woman who, in the commerce of the sexes, has nothing to risk and represents the parasite nourishing herself with man's substance. In the eyes of the masculine woman, man is the big enemy, who, in not seeming to participate in the function of reproduction but by one single act in which he only seeks enjoyment at the expense of the woman, takes the form of a torturer. The masculine woman is incapable of esteeming and loving the fighter in him which would face insuperable odds to conquer her. For her, his force is tyranny and only the weakness and powerlessness of man could win the pity and indulgence of this woman in revolt against her lot.

To these broad lines, therefore, can we reduce the drama of sex and the battle of life before which human beings flee in terror into the neurosis and into all kinds of compensating activities, intellectual or otherwise, which should allow them to lie in ambush, sheltered from the great trial of life. And,

according to their intelligence and their faculty of adaptation, this flight takes on several forms in order to mask their defeat, extract glory from it, exploit irresponsibility by every possible means, and if possible, keep the benefit of it in order to avoid being judged by those who might be able to see clearly into them and whose severity and scorn they fear. However, let us return to our subject.

We said that fear of castration could be at the base of many neuroses. We should also like to give you an account of the beginning of treatment in a man in whom the first manifestations of resistance had a direct relation to the fear of castration.

Mr. X., aged 30, came to see me on the advice of a friend who had been analysed. He is suffering from a failure mechanism. He is an intelligent man, distinguished and cultured, who has succeeded in compromising his career by creating difficulties with his superiors each time he has had an interesting post in a factory (Mr. X. is an engineer), and these difficulties have obliged him to give up his work. He even succeeded in getting himself put into prison by provoking public force during a manifestation. Questioned about his sexual life, he pretends that he can dispense with it, as, according to him, it is in no way necessary to the psychic equilibrium of human beings. He confesses he has never been with a woman, but admits masturbation. He explains his sexual abstention by religious reasons: 'religion forbids it.' He denies impotence; he denies having obsessions or phobias. Faced with a case of this kind, we proposed first of all to make a simple investigation analysis in order to arrive at a diagnosis and decide upon the suitability of the treatment.

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In the course of the first analytical consultation Mr. X. begins by speaking about his family. He would not like to take after his father. (His parents were not at all attached to each other and seem to have been very neurotic. His mother is dead, but his father still living, though the children hardly ever see him.) He then relates some of his recent dreams. Here are some examples of them:

First Dream. I am with a friend. We resigned a little time ago from executive positions in our union. My friend tells me, in the dream, that they are going to ask him to go back. I reply that as far as he is concerned it is natural, whilst they would not take me back because I have the instinct of destruction.

Second Dream. I am in a long room, a kind of passage. I am walking towards the end, but stop, overcome by a great fear; at the very end there is an animal waiting to hurt me. I try to run away but discover that I have lost my sight and cannot find the door. I fumble along the wall and as I get nearer the door I begin to see again. I am in a yard and there the fear leaves me.

Third Dream. I am busy repairing a lift which is suspended on four cables; I remove two of the cables and find that the other two are threatening to break. I replace the cables and so avoid an accident.

This dream recalls another in Mr. X.'s memory. He is in a lift ascending to the sixth floor of a house. But, on reaching the top, the lift, instead of stopping, continues to go up, so that an accident becomes unavoidable. Mr. X. forces his way out and clings to a projection in the wall; he sees the lift hit the ceiling when the ropes strain and crack and the lift falls down the shaft. Pieces of glass jump up to the

spot on the wall where Mr. X. is hanging. He leaves his place of refuge and arrives safely at the landing stage.

These are the associations of ideas concerning the first dream; I resigned from my position as president of our union; at the same time, I resigned from two committees of political groups. The reflexion I made in my dream seems to me to be just: I do possess a destructive instinct which does not allow me to hold these posts. It is different for my friend. In reality, he is going to take up the post from which he resigned.

For the second dream Mr. X. tells us that he does not know what this passage-room is. The wicked animal? An apocalyptic animal, something very fearful like the Last Judgment. 'I wondered if this animal was you. I don't know.'

For the other two dreams Mr. X. gives few associations of ideas. He thinks that the dream about the lift could be related to a sexual dream with his sister (*sœur-ascenseur*). He says that he has had erections in her presence, that is all.

We advise him not to rush into interpretations in too premature a manner. We then draw his attention to the fact that the four dreams are connected with situations in which the dreamer is obliged to abandon what he has undertaken.

The first dream refers to a resignation which he cannot reconsider.

In the second he is forced to renounce his attempt to advance as far as the end of the passage because of an animal that might bite him.

In the third he is forced to abandon his work in the lift and in the fourth he has to abandon the lift even to prevent himself from falling.

In the last three dreams it is continually fear which

causes Mr. X. to give up what he has undertaken; and we may suppose that the same is the case in the first, when he accuses himself of having a destructive instinct, namely the fear of doing harm.

Mr. X. is very struck by the facts which we point out. And the question now arises in his mind—what is this fear? To what is it due? Those among you who are familiar with dream symbolism will have understood. But it is not enough that you understand, the patient must be made to understand. We thus draw Mr. X.'s attention upon what happened in the passage of his dream. He told us that as he proceeded he became blind, he found that he was deprived of the faculty of penetrating with his sight into the depths of the room.

In the other three dreams, it is the breaking of the cables that always frightens him and this fear forces him, in the first of these, to set aside his work and undo what he has done. What can force Mr. X. to amputate himself from his faculty of sight (if I may use this expression) and destroy his work? We tell him that this fear seems to be the consequence of a threat which has weighed upon him, that it appears due to an outside influence for which he is not responsible. We add incidentally that nurses and governesses sometimes threaten little children with cutting off their organs. . . Mr. X. interrupts us by relating a dream which he remembers. He dreamed it when five years of age and had never been able to forget it, so deeply did it impress him. He saw his father and sister cutting off his penis and planting it in the soil. When I asked him what memory this dream evoked in his mind he remembered a thing he had forgotten until then. When he was three or four years of age his mother had watched him closely to see that he did not masturbate and had forbidden

him to touch his penis, telling him that it might fall off and break.

We have thus arrived at one of the causes of the fear which prevents Mr. X. from going down the famous passage of his dream. We wonder if it is not this, too—and not the religious prescription—that had prevented him from proceeding into both the passage of a woman (the vagina) and the career that he might have followed but for that to the end. You see now why we call this fear the fear of castration.

The next hour brings us a crowd of confirmations of our suppositions. Mr. X. tells us that he always had the impression of being more a girl than a boy. When quite young he had already acquired a habit of provoking his teachers in order to receive punishment at their hands. He had seventeen more or less serious falls from his motor-cycle in the space of a few years. In a big factory a fine laboratory where he worked alone had been placed at his disposal. He had succeeded, by doing no work, in making himself lose his post in order to be put under the orders of a superior with whom he quarrelled until he had to leave the factory.

In short, it seems to be the fear of castration which caused Mr. X. to flee. By what resistance is this fear going to be manifested in this treatment? Doubtless by the need of escaping from the treatment at a given moment in order to avoid becoming too entangled in it. The need for flight manifested itself from the second hour. Mr. X. brings us, it is true, confirmations of the interpretations of the first meeting, but nothing more, no dream, no reminiscence. He takes good care to avoid becoming more involved in so dangerous a path. Has his mother not forbidden him to show interest in his sex

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(sexuality) ? Has she not forbidden him to go to the end of the passage ?

The resistance can also be revealed by a difficulty in understanding and seeing things clearly as the patient can be in a veritable state of stupefaction from the fear which is overwhelming him.

In cases analogous to that of Mr. X. the resistance appears in an underhand manner from the beginning. The patient has a tendency to flee, to steal away and hide himself, which is easily understood when the cause of the resistance is known. We were not at all astonished to see Mr. X. bring no new material to our third meeting. He only speaks about his behaviour, which he can control himself, of his meticulous cleanliness, his underclothing (he changes his collars every day and his shirts very often), of his book-keeping (he writes down all his expenditure and always very conscientiously); he does not show his anger, and does not want people to know him or look at him. No dream. This third hour only confirms our suspicions concerning his resistance. Very amiable, very correct and very clean Mr. X. wants to seduce us. But he does not want to allow us to make him see into his case more clearly. However, we tell him so and he accepts this interpretation. Also, to satisfy somewhat his need to escape and recover possession of himself, we do not give him an appointment for the fourth meeting until four days later.

I should now like to give you an example of a case in which the resistance at the beginning of treatment is manifest in a direct, clear and brutal manner.

Mr. J. is a young man, aged 20, who has been sent to us by the family doctor for treatment of an obsession. He has a doubt obsession; he never knows

whether he has understood something, nor if things are as he has understood them to be. He has, too, the phobia of certain words, of the word *cigar* for example. In case he has thought or uttered the fatal word, he is forced to efface it, either by a prayer or by repeating, for example, the sentence without pronouncing the word, etc.

At the first consultation, each time that he wanted to speak to us of certain things, as for instance of his childhood, he was prevented by haunting ideas which were revealed by the obligation of seeking mathematical formulae, of solving geometrical problems and differential and integral calculus. We had also at the beginning of this treatment to devote a considerable time to mathematical formulae by which J. sought to command his thoughts, instead of allowing himself to be commanded by spontaneous associations which we need to be able to progress. In these cases, it serves no useful purpose to interrupt the patient or switch him on to another line of thought. He will obstinately take up the mathematical formulae where he left them, until he has sufficiently triturated them. Then, when the fit of rage with which he has clung to them is exhausted, he agrees to consider something else.

The manifestations of resistance are more subtle when there is recourse to several incidents in order to fill up the meeting. You listen to long accounts of disputes which the patient has had with such and such a person or you are obliged to consider some disagreeable consequence that some or other of his deeds may have. He had a fight with a superior or he went into a urinal with someone and was surprised there by the police, or again, he is engaged in some useless lawsuits which he will lose and which divert the conversation during the consultation; or

again, if you are dealing with a clever patient he will force you by his behaviour to forget your part as the analyst and say things which you will continue to discuss for hours and hours; he will commit more or less symbolical offences to force you to give certificates and thus take sides; he will try and quarrel with another patient, with the caretaker, with friends and even with you yourself, if possible. Sometimes the patient tries to get himself thrown out. You can see that in such cases, the manifestations of the resistance can be very disagreeable.

You must, therefore, have a long experience of the situation to prevent yourself from being led astray and imposed upon. These kinds of resistances are fairly rare at the beginning of the treatment, except in certain paranoiacs or hypochondriacs, or again, in manifest homosexuals with a strong need of self-punishment; the patient enters upon complications of this kind from the first meetings, when the treatment or rather the desire to be cured, knocks against a strong opposition of the *Super-ego* which wants to make the cure impossible. If you do not then succeed in rapidly analysing the feeling of guilt and reducing it with great firmness, or by paying the analytical fees, the patient may be obliged to abandon the cure. The resistance will have had the upper hand.

The resistance when utilizing a symptom will be especially observed in the obsessional neurosis, in hysteria or still further in organic neuroses. It can appear in the following manner:

In women, for example, we observe in certain cases a pollakiuria which forces them to urinate relatively often. This necessity may become the starting point of a haunting idea and reveal itself by the fear of being forced to urinate during a play

at the theatre or during a lecture or at a reception or again during the psycho-analytical hour. And the fact of urinating frequently, like the fear that springs from it, can become the unique preoccupation of the patient during the course of the treatment and can prevent all spontaneous association of ideas. We have thus seen people go out some ten or more times during the same hour in order to urinate.

Another time, rheumatic pains, a contraction, a trembling of the hand, leg or jaw take up the whole of an analytical hour. Or again, the patient falls ill at the moment when certain resistances occur and does not keep his appointment. It is sometimes fairly difficult in the course of the analysis to give due share to what is the resistance and to what proceeds from a real organic cause. You may then consult a medical practitioner, familiar with psycho-analysis, and make with his help as sure a diagnosis as possible of the reaction. It is not advisable to interfere with the organic symptom yourself and thus abandon the ground of the analysis. We know of cases of this kind in which the analyst paid for his initiative by the failure of the treatment, in that he did not arrive at analysing the resistance because he was attending to the organic symptom. The intervention of a medical practitioner sometimes causes difficulties because of most doctors' ignorance of neuroses and psycho-analysis. But these difficulties are usually surmountable if you are able to show the patient how and in what direction he is making use of the medical practitioner. You must therefore face them without fear.

Character resistances are present in different degrees in all neuroses, but particularly in narcissistic neuroses, character neuroses, manifest homosexuality,

etc. We know that the neurotic weakness does not only appear by symptoms. The subject can adapt himself to his disease, take pleasure in it and often use it to extend compensating activities. A character trait can then be substituted for a symptom. You know of the piety and religiousness of certain homosexuals and persons suffering from impotence; with them, these can play a part analogous to that of phobia in stasobasophobics, who are prevented by their symptom from crossing a square or a street, in short, from moving about freely. The sole difference between them is that, in the first case, the defence mechanism has not the character of a pathological symptom and does not succumb to social censure, whilst, in the second case, it is stigmatized as abnormal.

In a word, what from our analytical point of view can in certain cases appear like a symptom is naturally not one from a social point of view, according as the familial or social ideology favours or not the formation of the symptom. When it is represented by a character trait the individual can derive great advantages from it, not only for his psychic economy, but also social advantages. This is above all characteristic of certain homosexuals who have known how to extract great artistic satisfactions from their sexual infantilism. Their sexuality was unable to develop after the repression it experienced, it remained infantile, but at the same time the subject became effeminate and was able to develop certain faculties of the individual's sensibility. He has remained rather imaginative like a child and passive like a woman. But this sensibility very naturally turns towards satisfactions of an artistic or intellectual class and can seek its sublimation there, as we explained

in the chapter on artistic creation in our work on Baudelaire.

When the analysis attacks a symptom of this kind in a patient suffering from impotence, for example, it can meet with resistances which the subject puts in the way for moral, ideal, or æsthetic reasons. The man brought up by women with a feminine idea of the Ego will hate to resemble a man or, according to his own expression, a brute. He will instinctively prefer to be a woman, even at the risk of being beaten and victimized.

And you must know how to enlighten him on the fatal consequences which this attitude towards the problems of life may have for him and his family, in order to induce him to renounce his ideal in favour of a virile rearmament, if I may use the expression. And this rearmament, contrary to the individual's *Super-ego*, far from giving him the satisfactions pertaining to the normal exercise of force and power, may even make him unhappy if the renouncement of certain virile struggles had become his æsthetic ideal. It is the same in the case of a woman, but in the contrary sense. Many women consider femininity to be a decline depriving them of the best in themselves. Several have received the mark of a family neurosis which so often changes boys into girls and girls into boys. Many women have pursued the virile idea and cultivated it in themselves, in places where man tends to abandon it following upon an intellectual, unilateral culture which is misunderstood and which, so often, puts the individual in contradiction with his own sex and his own interests in contradiction with those of mankind.

In this class of ideas we again come across the problems of social life in which the psycho-analyst

cannot always avoid taking part when social ideology goes in the opposite direction to physical and psychic health.

We know what the psychic position is which these diverse resistances tend to defend against us. We know that the repression always reaches the individual's sexuality in a more or less high degree and that it maintains it at an infantile stage which is revealed in all cases of neurosis by a more or less pronounced homosexuality, for the most part remaining latent, but fairly frequently manifest. The result is that the neurotic, at the beginning of his treatment, usually comes to us with a homosexual libido which is expressed by a very strong attachment to a person of the same sex. Thus, the neurotic man will see in you his father, the neurotic woman her mother. Both will tend to suppress the ascendant of the opposite sex in their sensibility, both will try to kill it. And this will appear in the form of representations which in the man will have the death or murder of his mother or sister as their subject and in the woman the death of her father or brother. Every other attitude towards the parents of the opposite sex will be condemned either as guilty or contrary to the ideal. It will thus determine in the unconscious a feeling of guilt with the need of corresponding punishment, as well as aggressiveness, all three at the base of resistances against which we have to struggle. The flight before incest is thus but one aspect of the subject's flight before the development of sexuality. Our task consists in conducting the patient through these feelings of guilt, in spite of his need for punishment and the pains pertaining to it, and in spite of his aggressiveness towards the acceptance of the ascendant of the opposite sex. Having attained this we

must now proceed to put the patient in a state where he can make the necessary step towards those whom life will allow him to substitute for this ascendant. In other words you must, on the one hand, lead the man from his mother towards a woman, and, on the other hand, the girl from her father towards a man, that is to say, destroy the emotional content in the Oedipus complex.

What will now be our attitude towards the patient's different resistances to the accomplishment of our task? It is not easy to foresee it. Our attitude will not be prescribed by a strict rule; it will remain adaptable and will yield to the necessities of the case. These necessities vary considerably according to the person under observation, according to his moral, material and social resources and the structure of the neurosis. However, I am going to try and point out the general lines of the problem in order to give you some relative ideas.

You know that by our attitude we can reinforce and diminish the patient's resistances, that certain technical errors can be revealed by the aggravation of the case and prejudice our analysis, even totally compromise it. We must find out how to make the patient overcome his resistances with the minimum of reactions and suffering. We have to work in an economical manner and avoid any waste of forces, time or money.

Among the most formidable resistances are those caused by a feeling of guilt which the patient is obliged to face in order to free himself. This feeling, according to the different neuroses, is more or less well endured by the patient. It becomes exasperated at every step of progress and determines in the patient particular reactions of defence against himself. These reactions are manifold.

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To understand what is happening you must remember the part which the *Super-ego* plays in the neurosis. To this we attribute the forces and tendencies which, repressing the libido of the neurotic maintain it in an infantile state of development. It is this which creates the censure determining the choice of mental representations and decides whether a pulsion is or is not guilty. It is this which induces the individual to punish himself in order to neutralize by suffering the feeling of guilt determined by certain impulses and maintain it by this punishment in the unconscious.

You know what happens next. The subject suffers badly from the sacrifice of his aspirations, his successes, from a physical or psychic pain instead of feeling guilty, and this suffering generally gives the neurotic his particular clinical aspect.

This suffering or rather the reactions resulting in this suffering may be exasperated each time that the feeling of guilt, whose place they take in consciousness, is exasperated. And this feeling of guilt reacts in a close connection with the action of our treatment. It can be exasperated by premature interpretations communicated too soon or unskilfully until it becomes intolerable. It can determine all kinds of resistances such as those I have described above and of which the most formidable are the resistances with incidents, because they can force the treatment to be stopped.

You must, therefore, know how to appreciate the influence which the feeling of guilt will exercise on the patient's reactions. You must succeed in diminishing it and as far as possible in maintaining it this side of the patient's limit of tolerance. For this, you must know how to neutralize the pathogenic action of the *Super-ego* and only allow the

patient to touch upon certain problems when he is strong enough to settle them.

You must, therefore, avoid premature interpretations which are so easily formed when, with a neophytic faith, you rush into a treatment without considering the consequences it may have on the patient's reactions. There are cases in which, as we have already said, only the decision to follow a treatment suffices to exasperate this feeling of guilt because the individual's *Super-ego* has condemned it, not to purgatory but to the very depths of the neurosis, and forbidden it to come away. In this case the simple fact of appearing too affirmative as to the success of a treatment can produce reactions which would otherwise have become and remained endurable, however paradoxical it may seem. We often have patients who must first of all be accorded the right to be treated and cured, a right which the *Super-ego* refuses them. In these cases, even the fact of forcing them to lie down—as is customary in our treatment—can be a fault. We are dealing with people suffering from an absolute interdiction of doing anything like everyone else even if it concerns the beginning of a treatment.

You must not as far as possible begin the treatment with the analysis of the sexual tenor of certain dreams, especially dreams with incestuous tendencies, but with the analysis of the feeling of guilt which generally in the neurotic only tolerates homosexuality, unless even this path is closed to it. Thus we should first of all make the patient familiar with homosexuality so that in the beginning of the cure he tends to consider the analyst as a father and if a woman as a mother. It is only after a good analysis of this homosexual situation and of the feeling of guilt determined by the fact that he has turned

away from it that you can slowly and progressively set upon the other problems.

The analysis of homosexuality and that of the mechanism of punishment overlap each other, the punishment representing not only a means of defence against the feeling of guilt, but an erotic satisfaction, truly homosexual, as I explained in an article in the *Revue Française de Psychanalyse** on the mechanism of the partition in neuroses and psychoses.

You must above all beware of incestuous dreams. We know of cases in which the premature analysis of a dream of this kind without a previous liquidation of the feeling of guilt drove patients to punish themselves by dangerous and even fatal accidents.

Certain self-punitive reactions arise in spite of all the precautions we have taken in the preliminary investigation. They are even indispensable to the progression; all that we can do is avoid aggravating them. What a delicate task! Beware of the tendency to moralize. As we explained in the discussion of a book on character analysis by Reich, the analyst is not an instructive judge, neither can he favour some political ideology, at least not in the practice of his profession. He has more chances of succeeding in his task by strictly adhering to his role of doctor, by contenting himself with curing the patient and not troubling about notions of right or wrong. He must try to be like this and remember that questions of human progress or of the definition of the normal man are not as simple as they appear to be from the conventional or even strictly analytical point of view. How many homosexuals have succeeded in giving a social value to their ideo-affective compensations, how many masculine women have succeeded in substituting themselves for feeble men in

* *Revue Française de Psychanalyse*, 1929.

order to save an enterprise or a collectivity. Neither is the question of right and wrong simple from the scientific point of view: often to-day's wrong is to-morrow's right or it prepares the way for what is right; certain revolutions are an example of this. And even what from a psycho-analytical point of view may appear regressive may sometimes determine progress in a new direction. Beware, therefore, of all bigotry; it is easy to sink into it when you are too strongly attached to one single way of seeing things. Let us be free ourselves before we pretend to set free others.

The patient, therefore, must be made familiar with the existence and eventually useful part of his self-punitive reactions; he will at least have the satisfaction of knowing that his suffering is of some use, since it is, at the bottom, the ransom for his progress; on every dawning life where fall sufferings like those that lie in wait for the child at birth, thus the saying, you can only give life in pain, is one of the truths of humanity. We should at such moments be able to support the patient efficaciously; our understanding will comfort him in his struggles; he will take part in the battle more easily if he feels that we know to what we are exposing him and that we do not fear taking all our responsibilities on ourselves.

He will follow the analyst much more faithfully if the latter can prove himself capable of the situation and display the qualities of a leader. Should we not give an example of serenity before the hard psycho-analytical truths? Should we not prove that we have known what it is to suffer, not in order to *know* about it but to understand it? For us truth is not always the one that is taught and known, it is the one discovered each day and felt by those who serve in the cause of health and equilibrium of the

individual and mankind. Everything against that is false, even if it was still true yesterday. All that binds us to the truth of yesterday can to-morrow be contrary to this healing of souls which we are asked to realize.

Next, how does the psychic material of our patients appear at the beginning of a treatment? How should we utilise it in order to overcome the difficulties already discussed?

The psychic material, as you know, is represented by the associations of ideas, by the dreams and reactions which the patient brings to the analyst. I think it is difficult to class it according to the different types of neuroses and that in practice it is easier to reduce it to two big types of manifestations. The first will be the type of psychic manifestations corresponding to the repressed pulsions, the second to the type of repressions pulsions. We shall thus distinguish between the manifestations of two psychic instances—the first will be the manifestations of the *Id*, the second those of the *Super-ego*. Between these two instances there is, as we know, a struggle in the neurosis. Their manifestations thus reflect the stage of development in these struggles which result in neurotic compromises exteriorized in different ways, according as we observe them in the beginning, the middle or at the end of an analysis and especially according to each particular case.

Let us take for examples two dreams, one a man's, the other a woman's, to see how the situation reveals itself at the beginning of an analysis and how we can utilize the materials provided by the patient for our treatment.

Here is the first: I am in the mountains, the Alps in Dauphiny, I think. We are a party of climbers

scaling the rocks and skirting the precipices. Suddenly one of our companions in front of me slips; I see him fall and fear that he will roll down into the abyss below, but he succeeds in clinging to the rock. At that moment I find I have changed places with him. I have great difficulty in holding on to the rock, but I succeed in joisting myself up higher until someone, a guide I believe, gives me a hand and helps me to climb the cliff with him and sit down. Terrified I think of the frightful fall I could have had if I had failed to cling to the rock.

This dream describes the struggle between the patient's different psychic instances very well. We see him literally pulled in two directions. One force is urging him to slip and fall into the precipice, another to cling to the rock, resist the fall and scale the side of the mountain. Heaven and hell are quarrelling over his soul. He succeeds in overcoming the force which is pushing him down and thanks to the guide he does not fall into the precipice but sits on the summit of the rock. You have, no doubt, already understood this dream. The repressed pulsions of the *Id* drive the dreamer towards the precipice as they pushed Mr. X, the engineer, whom we have already discussed, down the corridor. The repressing pulsions of the *Super-ego* induce him to draw away from the precipice in which he would be hurt (fear of castration) and take the guide's hand to reach the rock. You see how, in drawing away from the precipice, the subject makes a repression towards his father, the guide, God, St. Peter, and how it is interpreted by a homosexual and anal act: he sits on the rock.

How can we utilize this dream for treatment? We insist upon the feeling of guilt and the anxiety which the action of sliding down expresses. We point out

that this slide could relate to the repressed tendencies, without insisting too much on the nature of the latter, and we attack the symbolical sense of the climbing of the rock with the guide who is representing the analyst sought out by the patient in his distress.

Let us add that this dream is that of a patient who is suffering from impotence, who is pious and very attached to his father by a reaction against normal sexuality. Only after progressively explaining this fixation to him and how it is transposed in the analysis do we insist further upon the nature of the repressed pulsions, by making ourselves their lawyer to plead their cause against the accusations of the *Super-ego*.

The following dream is that of a young girl at the beginning of the analysis; you will see that it is somewhat the counterpart of the preceding one. It concerns a young girl suffering from an hysterical deafness which very much embarrasses her in daily life.

'I am setting a mouse trap to catch mice and drown them. In order to make them go into the hole in the trap, I put a false mouse beside the hole to show them the way. This false mouse has a long, thin tail. The mice go into the trap and get drowned. I then take some big red fish and put them in a crystal bowl in my mother's bedroom.'

This dream, like the other, is the product of two tendencies in conflict. The patient uses an artificial mouse to set the real ones on a false track and drown them. She uses her artificial mouse to defend herself against the real mice. These mice represent, therefore, in a certain sense, the repressed pulsions of the *Id*. The artificial mouse with a long, thin tail is particularly symbolical of homosexuality. This patient

does not sit on the summit of a rock, but puts red fish into her mother's aquarium. The tendencies of the *Super-ego* make her kill the mice (her father) and seek her happiness beside her mother's bowl. This dream is, as you see, very complete. We are utilizing it in the same sense as the preceding one, in insisting above all, in the interpretation, on the analysis of the homosexuality (the placing of the fish in the mother's bowl) and on the relations with the feeling of guilt.

It is only a long time afterwards that we directly take the part of the mice and attack the artificial mouse and cut his tail. This is only possible after the analysis of the maternal fixation and the acceptance of all it represents by the patient.

All the patients' dreams and associations of ideas at the beginning of the treatment expose the situation to which I have drawn your attention in a more or less dramatic way. This situation, in spite of the differences between the cases and the neuroses, is, at the bottom, nearly always the same. From this situation we should slowly enter upon the treatment and modify that situation by our action.

We shall see later in what direction.

THIRD LECTURE

CONCERNING THE FUNDAMENTAL RULE OF PSYCHO-ANALYTICAL TREATMENT

You are aware that we call the fundamental rule of psycho-analytical treatment the recommendation which we make to our patients to tell us everything that goes through their minds during the treatment hour and to hide none of their thoughts from us whatever they are.

This rule of the treatment is necessary for us to penetrate the subject's conscious and unconscious thoughts.

Our task to-day will consist in explaining to you the cases in which a strict application of the rule risks being inopportune. To conclude we shall try to define the line of conduct which our actual experience in the application of this rule has taught us.

You will remember that the use of every rule of treatment necessitates an intelligent suppleness on the part of the physician, if he wants to avoid obtaining exactly the opposite result to the one desired. Every rule can be turned into a mockery. When the patient applies the fundamental rule and tells us all that passes through his mind, he naturally makes a certain choice in his thoughts. He is satisfied that he keeps nothing back intentionally, but it so happens that in spite of himself and quite unintentionally,

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he does not tell us everything. Sometimes, it is a long time afterwards that he discovers he has omitted to express a thought he had intended to tell us but which had escaped his memory. This is not important and even allows us to take into account resistances which certain associations of ideas can determine in the patient.

In endeavouring to say everything he is thinking too systematically, the patient finishes by becoming a prisoner of this obligation and is no longer in a frame of mind favourable to the disclosure of his thoughts, so preoccupied is he with the desire to grasp each one as it arises. The fundamental rule thus applied by the patient would not be able to give the required result.

There are two categories of patients capable of creating difficulties for us in the application of the fundamental rule: (1) patients who are prevented from following the rule by the symptoms of their neurosis: (2) patients who consciously refuse to submit to it.

In the first category you should place certain obsessive patients, certain of those suffering from anxiety and morbid scruples. You know that we see obsessive patients involuntarily deriding the fundamental rule fairly frequently. They try to follow it to the letter; they make it a subject of obsession which renders all normal development of associations of ideas impossible. A patient obsessed by doubt is never sure of having said exactly what he has thought nor of having truly thought what he has said. The idea of not having perhaps said everything is capable of preoccupying him during whole days. During the treatment he becomes enthusiastic which is, speaking like Talleyrand, a state very prejudicial to success.

You know this state in patients. This difficulty is classic. The sole means of avoiding it is to renounce a too severe application of the fundamental rule and give the patients the right not to say everything. Those suffering from excessive scrupulousness and doubt obsessions are too well-meaning. We must teach them to lose time and impress them with the idea that a very free application of the fundamental rule will allow them to follow it in the spirit if not to the letter.

A similar difficulty is observed in certain obsessive patients who are afraid of thinking or uttering certain words and who, having pronounced these words, are forced to annul the effect they fear by an obsessional ceremonial. In these cases too it is not necessary to insist upon the strict observance of the rule. The patient, once freed from certain reactions, will easily succeed in formulating his thoughts and pronouncing the words which had before represented something akin to the worst stumbling-block for him. To free him from his reactions there is not the slightest need to torture him by making him say words that frighten him. The analyst can turn the difficulty round, just as in war when the enemy's position, impregnable from the front, is taken from the rear.

Certain patients suffering from anxiety who, because of their state, can be excessively scrupulous also find it impossible to follow the fundamental rule. If it is a question of saying the name of a person about whom they feel they should be discreet, they torture themselves in order to know whether or not they have the right to speak this name : this under the pretext of not wishing to prejudice anyone. They cannot help it. They cannot give it up. If the psycho-analyst knows the person of whom they

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are thinking they cannot then relate certain facts about this person, facts giving rise to associations of ideas which they would have had to mention in the course of the treatment. In these cases you may sometimes be embarrassed to know up to what point you can exert pressure on the patient. The unconscious reasons capable of releasing this difficulty are manifold. You see them when you give the patient the right to make an exception of the fundamental rule. This is nearly always possible. You can even tell him that in a case like his own, the strict observance of the rule is counter-indicated. An understanding analyst can, in the majority of cases, succeed in making the difficulty which had then rather the nature of a neurotic symptom disappear. It is the same when patients refuse to say their right name. In these cases I never insist.

But there are other cases which belong to the second category in which the patient, consciously and voluntarily, on principle so to speak, can refuse to disclose certain thoughts and submit to the rule. You no longer find yourself with someone who struggles or is suffering from an inhibition or an attack of anxiety. No, the patient simply says: I am not going to tell you so and so: either because he thinks it is not your business or because of other reasons. Again, without giving you a special warning, he may refuse to bow down to the rule. I confess that I have sometimes been very embarrassed by cases of this kind and it is experience of these situations which has induced me to give you this information to-day. Persuasion, struggle, force, compromise, discharge: all these means were tried without obtaining any satisfactory result. On the contrary, discussion does not settle anything nor is restraint an ideal therapeutic method. . . . What

should one do ? Finally, after several fruitless trials and numerous painful discussions in which we have had more than once to resort to Freud for help we succeeded in establishing a line of conduct which, even in these cases, assures us some success in practice. Doubtless, this line of conduct is not perfect and exacts a profound knowledge of the patient's reactions, but it allows us to avoid discussions, ultimata, etc. Above all, it allows the analyst to keep within his role.

You have probably guessed that these difficulties arise particularly in the cases we call "character neuroses." These neuroses generally have this peculiarity: they present resistances which are not determined by the refusal of the *Super-ego* to accept the contents of the symptoms, but rather by reactions coming from the character, that is to say, from the *Ego* which refuses, for reasons which are generally of an ideal order, to recognize certain facts about the unconscious reality.

It is, therefore, the resistance coming from the character (*Charakterwiderstand*) which thus prevents the application of the fundamental rule. And it is necessary to modify even the character in order to overcome the difficulty. And the character is not generally altered by an order or an ultimatum, especially in an individual with strong narcissistic and anal tendencies.

However, in several cases you can succeed in obtaining good results. The voluntary refusal of the patient to submit himself to the rule can easily be only a symptom which we shall try to analyse in order to relieve. For success you must not immediately offend the patient, but first of all get to understand the symptom. And this comprehension is capable of leading to a successful course of treatment.

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This comprehension particularly shows us how manifold may be the motives which reveal themselves in the patient by a voluntary refusal to follow the fundamental rule. I saw one case, for example, in which the refusal was the result of a compromise between the wish to end the treatment and the feeling of guilt which this wish had caused. The patient could not manage to take the responsibility for satisfying this wish.

Certain paranoiacs, as well as certain homosexuals, often tend to react in this manner when their treatment is progressing. The feeling of guilt and the need of punishment proceeding from this progress can be revealed in them by an attitude which aims at provoking violence and even persecution on the part of the analyst. Some of these patients are, at the bottom, only too glad to find themselves respecting rules and their difficulties, like their sufferings, begin above all when they are freed. This forces us to consider a special category of neuroses, namely masochistic neuroses. Generally in these cases the stricter the rule the more pleased the patient. The rule is thus a means which the patients use above all to suffer and to do penitence. And this suffering, unfortunately, is only too often the ransom for their refusal to proceed in the right direction of the treatment. Often then, the patient with a shameful voluptuousness states everything that humiliates him. The thoughts that arise in his mind lend themselves marvellously to this desire. Sometimes the patient hesitates, blushes with shame and is only waiting for the moment when the analyst will brutally compel him to confess his crimes in spite of himself. His unconscious, if it were allowed to act, would quickly transform the consulting room into a veritable chamber of torture.

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This is why it is useful for the analyst to be sufficiently warned against playing into his patient's hands. In cases like this one the patient can voluntarily refuse to speak all his thoughts, simply in the hope of exasperating the analyst so that the latter will force the application of the fundamental rule upon him.

There is no need to tell you to what this manoeuvre may lead. You know that a patient may need to commit a guilty action simply in order to rationalize his feeling of guilt and satisfy the need of punishment resulting from it. In a case of this kind refusal to speak can say more than the longest speeches. We believe, therefore, that it can generally be considered an error to refuse to continue treatment simply because we cannot bring the patient to apply the fundamental rule when the fact of his refusal to do so literally would allow him to work in a truly psycho-analytical direction.

We are all in agreement on the following point: we must prevent the application of the fundamental rule from becoming a subject for dispute with the patient. We must avoid a hand-to-hand struggle. Often this conflict not only serves to satisfy desires of the libidinal type which the analyst ought rather to render conscious by the analysis, but it also sometimes represents an insurmountable resistance when the patient uses it as a pretext, to avoid approaching a subject or facing the situation. In thus leaving the patient free not to follow, if he does not want to, the fundamental rule you sometimes take away both his means of provoking disputes and of rationalizing his guilt. You may even succeed by forbidding him to follow the rule strictly during the treatment in depriving him of a precious means of torture and

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self-humiliation and force him to accept his associations of ideas which he would conceal without that each time they would appear.

In this way we may be obliged either to permit exceptions to the fundamental rule or to recommend not following this rule literally, since its strict application could be unfavourable. It goes without saying that our line of conduct concerning the application of the fundamental rule is not always dictated to us by the material brought by the patient. It follows the direction indicated by the patient's resistance. Tact is an important factor in the means used to make the patient accept our line of conduct. This tact is not only a function of our understanding of the patient's problems, but also a function of our hearts, of our very attitude in face of human misery. Again this attitude should not be solely determined by intellectual principles—some people over-estimate their value—but by the analyst's human sympathy for those who suffer.

In taking all these factors into account you will arrive, we think, at a fairly flexible formula for the application of the fundamental rule. This rule is after all a therapeutic rule and the analyst's *amour-propre* should not intervene in its observance. It should be applied in a very broad sense, not scrupulously like an orthodox rule, but with common sense, which means that we should resolutely avoid it if it prevents us from attaining our goal. In our opinion you can perfectly well make an analysis without allowing the patient to tell you everything. This is how a woman was treated who had an affair with a famous man. The fact of not disclosing the man's name did not interfere with the course of the treatment. We must assure ourselves that we do not need to know everything to be successful and

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that progress in the analysis is not gained by quarrelling with the patient in order to bring about the docile application of the fundamental rule in him.

All docility on the part of the patient can, in the end, only separate us from our goal, just as any attitude on the part of the analyst which might make the patient believe that this docility is necessary.

In brief, the rule should not be a taboo, either for the patient or the analyst. The latter should appear free from every preconceived idea. He would risk making himself small in the patient's eyes if he submitted everything to the application of the rule when it is there to help us.

It cannot be denied, however, that the systematic refusal of the patient to submit himself to the fundamental rule in what concerns the essential facts can totally prevent the analysis from being pursued. It is possible that you can in no way succeed in overcoming the difficulty and that you will be forced to abandon the treatment. But from our experience this case is rare if not exceptional, and we have hardly ever seen it happen except in patients suffering from a psychosis.

FOURTH LECTURE

TRANSFORMATIONS IN THE PATIENT DURING PSYCHO-ANALYTICAL TREATMENT

IN the last lecture we examined the different clinical manifestations of the patient's resistance at the beginning of treatment. We pointed out that what differentiated the neuroses was not so much the nature of the psychic or neurotic conflict from which the individual suffers as the manner in which the repressing impulses maintain the repressed impulses in repression and in which the latter take their revenge. The means they employ are very different. Their success varies and gives place to an extremely complex clinical symptomatology in the patient, but it can always be restored to a fundamental psycho-analytical situation indicated by the struggle in which the different instances of the individual's psychic apparatus, the *Super-ego* and the *Id*, engage among themselves.

We have already shown how the analyst's struggle against the patient's repressing impulses determines resistances; we have distinguished four or five types of resistances each of which may be characterized by a particular clinical entity, as follows:

- (1) Brutal and aggressive resistance of the obsessive patient and the hypochondriac;
- (2) Underhand and hypocritical resistance of the patient suffering from anxiety;

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(3) Resistances by dramatic incidents of paranoiacs, character neuroses, with social and criminological reactions;

(4) Resistances by means of symptoms, as observed in hysteria and especially in organic neuroses, namely in cases in which the neurotic tendency has put an organic disease at the service of its needs, in certain pulmonary tubercular patients, for example.

Lastly, we spoke of character resistance and its different possible manifestations in the course of treatment.

We must also add schizophrenic resistance which is revealed by destroying the integrity of the mind.

We have classed all these diverse resistances into two categories:

(a) Resistances of economic character;

(b) Resistances of aesthetic character.

We have sought to determine in as precise a manner as possible the aspect of the resistance that the analyst has to meet at the beginning of treatment, in other words, the starting point of his struggle against the resistances of the repressing impulses and the forces of inertia which in the course of the analysis are going to attack him as they attacked the patient's *Id* in the neurosis.

We spoke about the patient's homosexuality in the beginning of treatment and the role which it ordinarily makes the analyst take. Then we set upon the difficulties proceeding from our patient's feeling of guilt and need of punishment and the manner in which we should proceed to avoid exasperating both in a prejudicial manner. We know that this homosexuality is revealed—in men and women—by a negative Oedipus complex becoming slowly positive as we liquidate the feeling

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of guilt and the need of punishment which had expressed the whole affective cathexis of the counter-impulses seeking to repress and destroy the libido of which the *Id* is disposing.

The repression of sexuality, such as we observe it in a varying degree in all the neuroses, results in a more or less complete and violent repression of the positive Oedipus complex. And only by the liberation and the slow and progressive "depression" of this can we succeed in giving our patients their sensibility and their normal psychic equilibrium—provided we are capable of leading them to the end of their development, which is not always the case. But the errors we can commit are not the only causes preventing us from reaching our goal. The patient's faculty of enduring both the treatment and a normal psychic development also enters into account. And the cases are still fairly frequent in which the subject, for one reason or another, can no longer make the necessary effort for a psycho-analytical cure; this is often revealed by truly revolutionary crises.

You know the severity of the tests which we sometimes have to make our patients endure. You know the difficulties we have to overcome in order to allow the repressed complexes to become exteriorized and abreacted. There are in the course of treatment two critical points: the first when the positive Oedipus complex tends to dominate the negative complex and when the repressed impulses make the patient enter into competition with the parent of the same sex, at the risk of forcing him to accept the idea of losing him in his mind. The second point appears towards the end of the treatment when the patient has effectively lost his homosexual fixation without being familiarized with his

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new situation or reconciled to it. At this moment his anger can be very violent and can turn against the analyst who has made him lose the benefit of his neurosis.

In certain cases the age of the neurosis, the subject's age, or again his heredity create difficulties.

Sometimes, too, you have the impression that the violence of the conflicting traumatism, endured in his infancy, might have dried up certain sources in his life and tarnished his delicate and vulnerable sensibility just as flowers, exposed to the white frost of spring, would fade away.

Last time we quoted certain dreams of patients which were very characteristic of the conflicting situation at the beginning of treatment. I want to recall to your memory Mr. X.'s dreams, characteristic of his impotence, and those of a young girl, frigid and affected with a psychic deafness, in which she used to catch mice in a mouse-trap and then drown them and put red fish into a crystal bowl which was one of the ornaments in her mother's bedroom.

I should now like to tell you how this situation is transformed under the influence of a treatment; we shall then try to understand by what modifications of the patient's psychic mechanisms this transformation can be effected. Let us take for an example a particularly instructive case in that it passed through the hands of three analysts (the first, not analysed, committed an error the consequences of which could have been fatal for the patient without the intervention of the second, duly prepared for his task.)

Mr. O. was sent to us by Dr. S. of Berlin who had treated this patient in his sanatorium for a psychic symptomatology of a semi-schizophrenic character:

negativism, affective indifference, a state of psychic inhibition with the impossibility of uttering a single word for hours in spite of the best conscious intention; incapacity for working, going out or amusing himself. This psychic symptomatology was complicated by digestive troubles, obstinate constipation, with gastric and intestinal disorders, etc. Mr. O. had arrived at Dr. S.'s in this state after having undergone an analysis of several years by a psychiatrist in H. who, without being specially prepared, believed himself good enough to treat patients by psycho-analysis.

Mr. O.'s state seemed so alarming to Dr. S. that he tried by every method to draw the patient out of himself without resorting solely to psycho-analysis, only appealing to this to lessen the feelings of guilt in a person to whom the neurosis left no door to defend himself, to act and live. After some length of treatment, Dr. S. sent me the patient who had sufficiently improved to endure the normal course of his psycho-analytical treatment.

I met a man of about 30. He seemed a little depressed and had a rather slow manner of speech—this was sometimes completely inhibited—he found it impossible to concentrate on a piece of work or a book or to enter into contact with his environment or enjoy the society of his friends and still less that of women. This state was made apparent by an almost complete isolation on the part of Mr. O., but which he seemed to endure with great apathy. The only symptom of which he complained was that of suffering, often cruelly, from his stomach and of not being able to write to his mother, to whom he attributed all his misfortunes. Mr. O. did not then give us the impression of being affected with psychic reactions—although we found him very ill—but

Dr. S., whom we had questioned about him and who enjoys a vast clinical experience, affirmed that some months before Mr. O.'s case had appeared so desperate that he had not quite known what to do about it.

First of all we took up Mr. O.'s treatment provisionally, until we could express ourselves more precisely and reach a decision concerning the advisability of psycho-analytical treatment. We were faced with an affective situation which had nothing in common with those we usually observe at the beginning of a treatment. Firstly, the patient did not speak, and it was by one of his laughs that we understood that he considered himself in a situation analogous to one in his childhood, when suffering from constipation, he had to have enemas which his mother seemed to have administered to him frequently. In short, we had to deal with a psychic symptom which could be connected with a positive Oedipus complex since it appeared to act by an anal means employed to provoke the mother's active intervention in a region and an organ capable of being erotized by the fixation of the libido at an anal stage.

But, not knowing up to what point the patient was prepared to endure the strain of this situation, we refrained from telling him of the Oedipus complex. We wondered if it was not under the effect of a strong feeling of guilt that Mr. O.'s libido had made a regression to this passive stage in which all the initiative in the act is reversed and laid to the mother's account and all the feeling of enjoyment replaced by a feeling of suffering. (Mr. O. suffers from intestinal disorders.) We contented ourselves with asking our patient if someone had given him several enemas in his childhood to relieve the

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constipation. Reply: "Yes, my mother. . . ."; and we noted that his dumbness could have the same signification as his constipation and would only yield after a preliminary intervention on our part. After this intervention, the patient was able to speak—with much hesitation, it is true—but he was no longer blocked up. We took advantage of this to explain to him that, for him, the very fact of taking the initiative in speaking could have a guilty character, as if speaking and defaecating were the expressions of a guilty desire. And thus, we attacked his *Super-ego* with a satisfactory result. Mr. O. begins to speak and conveys his dreams to us easily.

The first ones refer to a great anger against his mother whom he reproached, I think, for having stolen his watch. In short, we were faced with reactions which are generally observed when the patient has lost the faculty of repressing his positive Oedipus complex, that is to say, his control, and when with the appearance of repressed impulses, he reproaches himself for injuring the parent in the same sex, with whom the repressed impulses make him compete. This situation is typical of that of Adam in Paradise reproaching Eve for having tempted him with the fruit of the Forbidden Tree. . . . Mr. O. is angry with his mother and with women and we are obliged to explain to him that in the same way he is reproaching the analysis for liberating the repressed psychic material of which he is afraid. It is then that we gain possession of this psychic material which we need to understand this case. Mr. O. told us in detail about his dreams and the associations of ideas that he had had in the course of his analysis by the first analyst. He is the only child of a very healthy father and a rather neurotic mother. He had a twin brother who died

at three years of age. This death had a profound effect on him, because he had considered it as a voluntary abandonment on the part of his brother, as a punishment which the latter was inflicting on him.

O., in his childhood, occupied a room communicating with his parents' room and they often took him into their bed in the morning. We have been able to reconstitute the conflicts of this period of his childhood, when our patient made great efforts to avoid hearing what was happening in his parents' bedroom.

However, it is particularly from this period that the child became difficult, timid and passive, all the more so because he was very spoilt by his mother who treated him rather too much as a grown-up person. In particular, she took all that her son said to her much too seriously, even to the point of being very hurt if he said something unkind to her. His mother's attitude, like that of one of the maids who had made some attempts at masturbation on the little boy, had undoubtedly very much increased his feeling of guilt, so much so that he no longer felt secure beside representatives of the weaker sex. However, at that time and until puberty O.'s state did not appear at all alarming to his parents.

The child grows up, is of an average standard at school, is very absent-minded, very sensitive and passive, but does not draw more than the usual attention to himself. After matriculation he enters a business house belonging to a friend of his father's, of his own accord and stays there until his father's death. At this period, he makes the acquaintance of a very affectionate girl, Miss Kate, and is unfortunate enough to make her pregnant.

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It is from now on that things go badly. Worried and nervous, he goes to the family doctor and complains of intolerable anxiety. This doctor sends him to a psycho-analyst who tries psycho-analysis on him with you know what success. Whether the patient succeeded in making the doctor say it or whether the doctor said it of his own free will, the fact remains that the doctor forbade his patient any sexual relations with a woman, on the grounds that it might be harmful for the cure. The patient docilely obeys him; Miss Kate goes into a clinic where she has an abortion and there the story of Mr. O.'s first love comes to an end. In his analysis he has reactions which become more and more painful and determine his mother's intervention with the psychiatrist. This intervention, according to the patient, must have been rather stormy, for from that moment his mother stopped paying the psychiatrist the sums that he usually demanded as a fee from her and not from the patient. The latter concluded from this that differences had arisen between the doctor and his mother and he himself quarrelled with her. This quarrel lasted some years and had only ceased a few months ago. Finally, after about two years' treatment, Mr. O. showed symptoms of such gravity that the psychiatrist, thoroughly alarmed, called in Dr. S. and asked him to take the patient into his sanatorium. The psychiatrist, convinced that he had been mistaken in his treatment of this case, made an apology and then recognizing the necessity for similar precaution decided to submit himself to a didactic analysis.

How can we explain these events? In our opinion Mr. O., being unable to endure his success with Miss Kate who was going to become a mother,

reacted to this situation by a great feeling of guilt and a flight towards homosexuality. His paternal fixation was such that it could not allow him to become a father. In his distress he consults the family doctor—a friend of his father's—and the latter sends him to a psychiatrist whom the patient substitutes for his father, with such a success that the defence of the *Super-ego* and the feeling of guilt which it creates, instead of being diminished by the intervention of the new father, are reinforced because of the interdiction of sexual relations with a woman which are capable of harming the treatment. It results in the rupture with Miss Kate first of all, then with his mother, which complicates Mr. O.'s social position. After the rupture with his mother he even abandons his work in order to devote himself entirely to his cure, that is to say, to his father. And the illness became from this moment his sole refuge, with the analysis, at least as it was practised by our fellow psychiatrist.

Dr. S. immediately lifts the ban on sexual relations and upsets the regularity of the hours of analysis to which the patient had religiously accustomed himself, hence Mr. O.'s confusion and anxiety and finally rage, because a woman had stolen his watch from him (allusion to his dream), i.e., his hours of analysis and his way of only doing things automatically and not effectively. Dr. S. also attacks the homosexual fixation and allows the patient to come out of his state once more. When Mr. O. comes to see us the analyst is no longer a father for him but especially a mother. He abandons his father more and more and, in exteriorizing his rage towards his mother, succeeds in reconciling his negative reactions towards women; this was the task reserved for the treatment which we made Mr. O. undergo.

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But whereas the hostility towards his mother was disappearing, his activity was returning. He renews contact with his mother, writes to her, begins to read novels; he takes an interest in the possibilities of work, then in prostitutes, as happens in cases with a strong self-punishing tendency, with blennorrhagia as a first result. But he does not loose his hold although his general state is very bad and visibly he is trying to flee into a new complaint, real this time, since the flight towards the psychic illness is arrested by the analyst. At one time I even wonder if O. is not going to succeed in contracting pulmonary tuberculosis. He dreams of mountains and sanatoriums, catches cold upon cold, but finishes by taking the upper hand and completely liquidates his paternal and fraternal fixation. His anal fixation to his mother is transformed little by little into genital activity, according as he accepts the sense and responsibility of it. It is then he brings us dreams of the following type:

It is the end of an analytical hour; we are both standing up and I am about to go. Your wife knocks at the door and comes into your room. I see that my trousers are undone and that my penis must be exposed. Ashamed, I turn towards the window and hide myself.

You have understood that this dream takes place towards the end of the analysis. Mr. O. has risen from the divan, is standing up side by side with the analyst and wants to go. At that moment my wife comes in; she symbolizes his mother and sees him with his attributes of virility, that is to say cured. But O. cannot yet endure to be seen like this. His feeling of guilt and his shame are too strong; he turns towards the window and hides himself, that is to say he turns his back to us.

Later the patient recapitulated the whole of his case in the following pretty dream:

'I am dreaming that I am in a bedroom with a glass door. On the other side of this door I see two shadows flitting about. I think that they are thieves and I call for help. My mother comes in, but at the end of a little time I tell her to go as I do not need her. Then, one of the thieves comes into the room with the other behind him. They threaten me and demand all my money. After a moment of reflection I say to them: "I have refused to live up to the present moment, but that is finished with, I, too, have a right to live and I am not giving away anything else." The thieves understand and go away; my mother comes back into the bedroom and we go away together as if nothing had happened.'

This dream reproduces Mr. O.'s history. The bedroom with the glass door makes him think of the bedroom of his childhood. The two shadows flitting about revive the scenes between his parents. The first reaction is a reconciliation with his mother, but a guilty reconciliation, the responsibility for which O. does not tolerate. The mother is repressed and O. gives himself up to the thieves. He makes a regression towards the homosexual stage and the two thieves, the one first of all and then the other, probably represent both his father and his brother. To buy back his fault O. refuses to live, in order to avoid appearing his father's and his brother's murderer; it is no longer he who steals, on the contrary they are stealing from him. Suddenly he remembers that he has paid enough for his fault and that he has bought the right to live; so much the worse for the two others. They disappear and the mother comes back and it is as if nothing of the sad past or the illness had existed. From this moment

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O., who had been rather constipated, complains of diarrhoea. In everyday life he becomes expansive, charming. At the present moment he is organizing a business affair with his cousin. With regard to women he is gently making his way towards a friendship with a young woman, rather neurotic it is true, but whom he hopes to help with his analytical knowledge, as he says.

This case, as you see, allows us to have a general understanding of the curve of the development of the patient's affectivity during the cure. It is characteristic of the homosexual situation as it generally exists at the beginning of a treatment and which makes the analyst play the part of father. It shows how the action of an understanding analyst—just like the action of uncomprehending parents—can produce just the opposite result to the one required. It puts the question of the analyst's active intervention in the course of the cure, a point to which we shall return. We can subsequently seek the reason for the modifications of the patient's reactions.

The analyst's active intervention in the progress of treatment is represented by advice given by two people: the first by the first psycho-analyst, to abstain from sexual relations during the cure, the second by Dr. S., encouraging these relations and urging the patient to work.

The question of active analysis has already made enough ink flow and still to-day gives rise to many controversies. It was particularly brought up in 1926 by Rank who then advocated setting a fixed time to hasten analytical cure. The question had long since been raised but without being submitted to cautious criticism. It was frequent to see analysts recommending a certain reserve in everything

concerning sexual relations, a recommendation which, as our case proves, sometimes goes against the aim in view. What do we think of it ?

The case quoted above shows that the analyst's active intervention by advice can be necessary in the course of treatment. It is all-important that the advice be right. The analyst who would put himself at the service of a neurotic *Super-ego* and who would sanction its sentences would evidently avoid certain of his patients' resistances, but he would not succeed in liberating them from the exactitudes of the *Super-ego*. It is only when the advice given is in the direction of normal liberation—and is given at the *right moment*, namely, when the patient is capable of following it in spite of the reactions which it produces in him—that active intervention on the part of the analyst conforms with our line of conduct. In these cases an advice can help the cure by urging on the resistances opposing its execution and by thus making them accessible to analytical action. In other words, in order to be able to risk active intervention in the course of the analysis the analyst must know what he is doing and must, above all, avoid letting himself be manoeuvred by the patient. When in doubt, it would be best to refrain from giving advice.

To understand the modifications of the psychic mechanism operated by the analysis, you must remember the part of the *Ego* and the *Super-ego* in the neuroses.

The *Ego*, as you know, plays the part of intermediary between the exterior and interior reality on the one hand and the subject on the other. It is the party that is in contact with this reality, it appreciates and judges the different elements of which it is composed, compares them, accepts and

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refuses them in the choice it makes to assimilate this reality and to know and utilize it. It accomplishes this work of approach, interpretation, analysis and synthesis with the libido of which it is disposing, and which allows it to realize the relations necessary for this work on the different planes of the individual's activity. The libido of which the *Ego* is disposing varies considerably in quantity and quality, according as we are dealing with an adult *Ego* or an infantile or neurotic *Ego*, the latter, according to the nature of the neurosis with which the individual is affected, not disposing of the whole range of its faculties which it must be able to use to succeed. This neurotic *Ego* is obliged to work like the neurotic patient himself with a libido which is predominantly oral or anal. The genital component of the latter fails him and also the faculty of entering into normal relations with reality. The synthesis made by it is therefore defective. There results a series of disorders in the individual's adaptation to reality, as much interior as exterior, with a more or less strong tendency on the part of the analyst to retire from this reality and stay outside it, that is to say, outside what we call common sense.

This situation is well illustrated by the following case of schizophrenia which we should like to bring to your notice because it shows up with sufficient enlargement the nature of the problem.

It concerns a girl of 26 whom we are going to call Odile. Here is her history in brief. The disease broke out after she was 17. It manifested itself first of all by an obsessive state accompanied by the phobia of microbes (a need to wash herself continually) and by an excessive scrupulousness, etc. . . . In time Odile found it more and more difficult

to speak. Once she accused herself of having committed an offence in agreeing to chat with a young man. Then there was a first attempt at suicide, after which she was transferred to a nursing-home where she remained a few months, then to a second where she stayed about six months. Odile's state became worse, she became untreatable, spoke less and less, tried at frequent intervals to commit suicide; finally, the medical superintendent of the nursing-home informed the family that it was a serious case; dementia praecox or schizophrenia. They decided to look after Odile at home, on the initiative of one of her brothers who has studied medicine. They rented a house with a garden; there Odile is cared for with exceptional devotion by her brother and eldest sister. It is at this period that she succeeds in shooting herself in the head several times, but as the bullets did not enter the cranial cavity the attempt was unsuccessful. In spite of her family's devotion the patient becomes still worse. She does not speak at all and only eats with great difficulty. However, she continues to play the piano a little with her sister and also listens to reading aloud. Finally the family decide to consult a psycho-analyst. They bring Odile to me and I find a patient who does not speak and who manifests a very great negativism. Instead of coming forward she draws back. Her limbs are rigid. They seem to be made of wax. The patient has the greatest difficulty in nourishing herself. From time to time Odile has fits of temper when she utters incoherent words. Here is, as you see, a classic picture. Impossible to leave her alone. Immediately she tries to throw herself out of the window or swallows objects such as glass, needles, etc. . . . From time to time, Odile is shaken by puerile, uncontrol-

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lable laughter as if she were subject to auditive hallucinations. But nothing allows one to affirm that she had them at that period. Later, after a few weeks' treatment, she seems to have some visual, fugitive kinds of hallucinations. For example, she shows her sister her dress and says that there are stains on it. She subsequently realizes the lack of these stains when she sees the astonished look on her face. And the patient confesses that she no longer sees the stains which she thought she had seen just before.

Other interesting symptoms: Odile has a pulse of 130 at the time of her first visits to me. She is suffering from obstinate constipation and finds it impossible to go to the lavatory normally. Besides this her periods are regular; at least nothing abnormal has been mentioned about them.

Nothing abnormal was discovered in the lungs or reflexes.

This was her state when I undertook the treatment of the case and this is how it developed.

At the beginning one had to force the patient; she cannot or will not walk. Often during her walks she draws back instead of forwards; similarly during meals she turns food away from her mouth instead of putting it in. Odile seems to make a tremendous effort to act and advance in the right direction. But you have the impression that she is obliged to do the contrary of what she wants to do consciously.

Her sister usually accompanies her to the consulting room from which Odile tries to escape after a minute or two. We observe that during those moments she has a pulse of about 130. We allow her to escape into the sitting room, still accompanied by her sister. This generally lasts a quarter of an

hour, after which Odile comes back to the consulting room. Her pulse is slightly better but increases again in my presence to 130. Another flight on the part of the patient. Again we leave her alone; after a few minutes she comes back, etc. . . . I explain to her that she appears to be suffering from a paroxysm of anxiety, and that I have the impression of frightening her, which is, no doubt, the reason why she experiences the need of fleeing from me. I add that she has the right to do it, and that it will be sufficient, in order to continue the treatment for her, to come back to me after waiting a moment in the sitting-room.

After a few days the patient escapes less and less; after a few weeks, she has a pulse of about 100, but it increases fairly frequently to 130. Her dumbness still continues; she will not look at me, hides her face and replies to the questions I ask her by making signs to her sister. It is then we try to make her come into my consulting room alone. Another attack of tachicardia; she escapes during the next few weeks until she can spend about half an hour alone with me. This lasts two or three months. Odile still does not talk. I just succeed in making her read a few sentences aloud, but only in her sister's presence and helped by her. I soon see that in reading these sentences she avoids pronouncing all the words relating to love. She eludes them. It is this which allows me to attempt a first explanation which I give her in her sister's presence. I explain that love, for her, seems to be something dirty and excremental; that she appears to have wanted to deny its existence as she denies that of excrements. I tell her that there might easily be a relation between her constipation and her disgust of things dealing with love, that this constipation could be the psychic

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symptom of her revolt against reality and all the natural needs of man. I also speak to her about her great feeling of guilt which is manifested in her shame, in her desperate flight before life, in her need to hide herself, etc. . . . I tell her that she acts as if she were angry at having a body and needs, as if she felt herself to be a criminal by occupying space and not being a pure spirit. At that moment my explanations did not seem to have the slightest effect; but, during the following days a clear change is noted in the patient's behaviour. She stays constipated and can do nothing by herself, but she asks to go to the lavatory. Similarly in the psychic domain there also seems to be a change. Odile tries to express her thoughts, but as far as I can remember she particularly expresses her anger with me.

Slowly and patiently, and still in her sister's presence, I try to give Odile explanations. She comes to see me about four times a week. Each time I speak to her her pulse increases; when she has a pulse of 130 I send her into the sitting-room to rest; when it is better she comes back.

It is particularly words relating to love and sexuality which make Odile's pulse increase. You can, with mathematical exactitude, make it rise to 130 by talking to her of menstruation for example.

We begin, therefore, on this difficulty by asking Odile to read aloud poems about love. We ask her to recite some lines by the Comtesse de Noailles. It is visible that Odile struggles to pronounce the proscribed words. But it is more than she can do, and she is obliged to pass them over in silence. I explain to her that she cannot always accumulate in herself either her organic or psychic excrements; that if she continues in this way she risks, so to

speak, bursting both organically and psychically. I draw her attention to the fact that, in the psychic domain, outbreaks of anger are as necessary for the progress of the organism as defaecation is in the organic domain. And I advise her to accept resolutely all these realities, even that of sexuality.

Besides the variations in the pulse rate all these explanations bring about no change in Odile's attitude to me. She listens to me apparently inert and indifferent. But in the end my words take effect. Odile shows a growing facility in going to the lavatory and in becoming angry. But a new and very disagreeable symptom appears. The patient loses sleep: at night, instead of going to bed, she mounts guard at her bedroom door and stays there, without moving until towards four o'clock in the morning, when she is carried in an exhausted state to her bed. This would not be important if it were not continually necessary to watch over Odile, but her constant attempts at suicide and her need of securing every needle in order to swallow it severely try the people looking after her, her sister and nurse.

To cure this insomnia or at least lessen it, I try the explanation which seems to me to be the best; I tell Odile that she undoubtedly fears that some man will enter her room or that my explanations simply do not enter her head; that it is this fear which urges her to mount guard at her bedroom door like a soldier guarding treasure. I add that this fear seems to me to be due to the revolt of the virile part of her personality against man in general, against me in particular, and that she must express it differently in a direct manner at the moment when this reaction appears. I insist on the fact that these reactions are observed in patients who have had to undergo serious mental conflicts in their childhood

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and who have, for example, made certain observations in their parents' bedroom.

This explanation results in a fairly quick modification of these painful symptoms. Odile once more goes to bed normally but suffers from insomnia. Again I explain to her that this is in order to prevent herself from dreaming and to avoid, in spite of herself, a thought or an idea from penetrating into her brain.

A few days later, Odile succeeds in giving me the first explanations. She does not take the initiative, and only replies to my questions with difficulty. I learn that up to the age of 6 she shared her parents' bedroom and that, during the War when her mother lived in England with the children, Odile shared her bedroom; her father was away and she seemed to have taken his place beside her mother. The eldest sister tells me that Odile then aged 8 or 9 had written to her father from England and had ended the letter by saying that she was not accustomed to writing to men and that her father must excuse her if she did not write to him.

In the explanations which I give Odile I insist more and more on her hostility towards men in general, towards me in particular; I also insist on the necessity of expressing this hostility instead of hiding it. But Odile affirms that she is not conscious of it. However, when she faces me she has more and more numerous fits of uncontrollable laughter as if she were laughing at me. On being questioned about the cause of this laughter she replies that she does not know and was not thinking of anything.

There is no need to tell you how much the treatment tried my patience at this period. I knew that I was advancing, and that my explanations were acting upon Odile, but how slowly! And where

would all this lead ? I continually wanted to strike a severe blow and upset the resistance which the patient was putting in my way. But I took care not to do so. I told myself that the slightest imprudence could have a disastrous effect, because I knew that one word sufficed to increase the pulse rate to 130. I had, therefore, to manipulate my words as if they were explosives, and as much as possible attenuate the effect. Hence, I concluded that it must be the same with a thought since you think in words and pictures and that both forms were capable of upsetting the patient.

It is probable, therefore, that at this stage of the disease, Odile had succeeded in arresting the majority of her thoughts and that she was saying the truth when she claimed to be thinking of nothing. At least she was not thinking of anything *consciously*.

At that moment I appealed to her sister as the intermediary between Odile and myself. She should give the patient explanations and force her thus to face those aspects of existence which Odile was avoiding. We were going to approach all those thorny questions which Odile wanted to avoid and against which her armour of resistances was defending her. To create the intimacy necessary for this, an intimacy which it was impossible for me to realize, I advised her sister to be affectionate with Odile as with a little child, to rock her to sleep at night, to take her in her arms, etc. . . . It was in this way that we obtained the first confessions from the patient. They were as follows: in a nursing home where she had stayed, one of the doctors there had tried to kiss her and had touched her, and this had provoked a violent reaction in the patient. One of her brothers had also tried to touch her; she only protested once when she was indisposed. Odile

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confesses that she desires to touch the nurse as her brother touched her. The facts were admitted to be exact by the brother and the nurse. Then Odile confesses that she is very engrossed in her father's intimate life. She would like to sleep with him and wonders what he is doing with 'this woman' (she assumes he has a mistress). She also wants to sleep in the same bed as her sister. The latter agrees and Odile behaves very properly, confining herself to returning her sister's marks of affection. She asks to be allowed to wear her jewellery again; a ring, a bracelet and a wrist watch. (During the analytic hour she plays with her ring ceaselessly; she tells me that it is a present from her grandmother, which is exact. She expresses a wish to write to this grandmother.) At the time of her father's visit to Paris she desires above everything to sleep with him and, in my opinion, quite innocently, at least consciously. Her father explains to her that this is not possible and she renounces her project. She is now beginning to play cards with her family in the evening or draughts. In the latter game she always lets herself be beaten by her sister and this after beginning well. But she does not appear to want to win and when her sister corrects her faults she becomes angry.

On a par with this change which, naturally, necessitates weeks and months before becoming apparent, constipation begins to yield. Odile goes to the lavatory with increasing regularity, her pulse slackens to 80 and rarely rises above 100, even when our conversations approach ticklish subjects. I am already on the watch for the moment when I can get to the heart of the problem. I begin to speak of masturbation; I say that it is observed in all children in early childhood, that it can even represent a normal function, particularly when these children

have undergone pathogenic emotions in their parents' bedroom. But my attack seems to provoke no reaction; I even wonder if it is not premature or amiss. It is only long afterwards when Odile has at last learned to explain to me all that is going through her mind that she assures me that I acted well in approaching this subject. But, at the moment, I wonder if I am not intervening prematurely. Time passes and little by little the patient becomes familiar with the objects in my room. She does not look at them for long, and each look has something fugitive and guilty about it; I endeavour to lessen this feeling of guilt and, to understand what is going on inside her better, I ask her to bring me her dreams.

At the time of my absence on a summer holiday the treatment has been continuing for a year; let us summarize: Odile's general state has visibly improved; she goes regularly and spontaneously to the lavatory; she is much less congested, her colour is healthier, her pulse more normal; Odile is much more sociable with her family. She sleeps well, walks farther during her walks, speaks a little, sometimes even more than a little. She replies to my questions, but still gives the impression of a person seriously ill: for example, I note no change in her impulses to commit suicide. At the least inattention on the part of her attendants she approaches the window or takes hold of a needle, but she no longer does it quickly and when she has taken up a needle she takes good care that she is seen so that it is immediately taken from her. She begins to use scissors for her needlework and embroidery in which she is very interested. She knits garments for her nephews and nieces; they have rather peculiar shapes, particularly those for the

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little girls; Odile would like to leave no opening so that none of their skin will be exposed. In this state, therefore, she returns to her family to spend two months, after which she will continue her treatment.

At the beginning everything went well. But one day, the nurse watching over her with less than her usual vigilance falls asleep while Odile is busy reading. When the nurse wakes up Odile has disappeared. The alarm is given in the house and they look everywhere for the patient but without success. A day goes by; finally, towards the evening, Odile is brought back in a car. She had left the house and tried to throw herself under a tramcar. But the tram stopped, the passengers got out, and some people who were passing in a car took her to hospital where they wanted to know who she was; Odile refused to speak; but she finished by giving her name and address. This was her last attempt at suicide. What really happened and why she failed I do not know; but I am certain that a few months sooner this attempt would have had a chance of success.

After the holidays when Odile returns to her consultations I observe a noteworthy change in her attitude. Naturally she does not tell me what happened, but says that she has been to the seaside, that it rained there and that she saw different members of her family; for the first time she consents to lie down on the psycho-analytical couch, but just for five minutes during which she says nothing and blinks ceaselessly. She also promises to do her best to apply herself to the treatment and expresses a wish to be operated upon. She would like to have the three little balls of lead, which had remained in her scalp since her attempted suicide, removed.

Afterwards she tells her sister what happened in my room and says that in her opinion it was improper to lie down.

This new fact inaugurates a new period in the treatment of Odile. The attempts at suicide and the excitement about the needles are ended. Odile does not yet lie down during the treatment hour (more than a month will be necessary before she will lie down a second time); she only speaks with difficulty, is still incapable of giving a spontaneous association, but I feel that she is taking pains and is helping me in my work during the treatment. She sometimes expresses a wish to go shopping, begins to go to the cinema and the skating rink, always accompanied by her sister, and renews her taste for this sport which she liked so much before.

With regard to her motor activity her progress is more visible than in the psychic domain. If it is a question of writing a letter she finds nothing to say, and only just succeeds in enumerating some facts of the day. She never speaks of herself as if she did not exist as an individual and a person conscious of her existence and her sensations.

Feeling! In short, it is the whole domain of emotion which in Odile seems to be forbidden, "electrocuted" if one may use the term. Later she will understand why and explain to us: to feel is to sin and because of this you must become insensible. All feeling, however innocent, has in the patient's opinion a sensual and therefore guilty origin. You see how far the feeling of guilt can go in a case like this; anything that recalls feeling, even from a distance, can become criminal. In losing the faculty of feeling Odile had lost that of co-ordinating her personality, as if this co-ordination of our sensations and impressions arose from the senses

and was, therefore, guilty and forbidden. Her conscious thought was only a memory, a disorderly heap of facts without connection. It would have been impossible for Odile to establish associations among them and accomplish a synthetic work. Synthesis was only possible from the time when Odile recognized her emotions, and above all her sexuality, this 'realization' of her emotions being in a certain way necessary for the reconstruction of the unity of her *Ego* and for a just 'conception' of reality and the world.

It is this that has led psycho-analysts to distinguish in our general sensibility a special function, that which is exercised by the *Ego*. The latter, if it is endowed with awareness, becomes the intermediary between the different elements of the exterior and interior reality. It enters into contact with them in order to know them, that is to say, to assimilate them and thus realize, by this work of interpenetration, the 'conception' of the exterior world and of oneself. This 'conception', therefore, would in this class of ideas be a function of the degree of awareness and libido of which the *Ego* would dispose and it would become one with this awareness as we observed in schizophrenics with whose delusions on the subject of the 'end of the world' you are already familiar. These considerations force us to admit that our consciousness is something eminently relative, and it is so as far as the need of causality and logic, as long as it is a function of the activity of the *Ego*. Indeed, the consciousness varies according to the individuals with the affective development of the *Ego*. It forces us to take into account in our scientific reasoning an individual coefficient because of our consciousness, that is to say the instrument of observation and reasoning which we

possess, functions in a relative and individual manner according to races, men and collectivities. This development of the consciousness can be influenced and hindered by psychic conflicts or by familial or collective surroundings.

Here our study allows us to resolve other problems of a sociological type. From the time when the development of the *Ego* depends upon the influence of the collectivity on the individual it can easily be understood that following upon this influence, logic, the need of causality, the sense of propriety and individuality vary according to the individual and the collectivity in question. From this point of view we can deduct that the faculty of conceiving a problem objectively and scientifically would be a function of the circumstances and factors of the development of the *Ego* and that this faculty would be something as relative as our 'scientific certitudes,' which only exist according as our *Ego* can conceive them. Also the study of schizophrenia would allow us to understand the primitive and collective mentalities better, as well as the development of the different civilizations, if the study of the collectivity of which they are the product can be comprised in it.

You see from what I said what the psychic instance is on which we act on the patient by the intermediary of the treatment, by bringing him to face the realities from which he was fleeing and the severity of the *Super-ego*. This is nothing else but a part of the infantile *Ego* which has become unconscious and to which the neurotic *Ego* has abandoned the responsibility of regulating the relations of the individual with reality. In liberating the *Ego* from the terror which paralyses it by forcing it to become conscious of this reality from

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which it had drawn away we train it to do more and more work, we give it the right, in spite of the prohibition of the *Super-ego*, to give out more and more libido in order to destroy the automatic neurotic activity and utilize in a normal direction the libido spent before by this activity for the inhibition and destruction of the libido of the *Ego*. We considerably reinforce therefore the means of action of the *Ego* in allowing it to employ more and more genital libido for the organization of normal relations with reality as much on the affective plane as on the sexual plane, when the neurosis forced it to work with insufficient anal and oral libido to allow it to become detached from the *Super-ego* to which it had remained affectively and erotically attached. By this transformation the sensibility of the *Ego* developed in the same way and the *Ego* allows it to recognize reality. The approach to the latter, instead of representing a suffering and a crime, becomes an enjoyment and the relations established on this plane become fertile instead of sterile as before. Finally we accustom the patient to do this work alone, without the intervention of our libido which came to help his *Ego* and with time he becomes accustomed to his new attitude before reality. The new *Ego* takes the place of the old *Super-ego* which is thus profoundly modified in its psychological mechanisms. This fortunate transformation of the *Ego* and the old *Super-ego* represents the effect of the psycho-analytical cure.

FIFTH LECTURE

AN EXAMPLE OF PSYCHO-ANALYTICAL TREATMENT AND ITS DEVELOPMENT*

As I have in my previous lectures discussed the analyst's approach to the patient and the difficulties created by the diagnosis of a case, its treatment in practice and its general development I should like to-day to go a little further into the details and introduce its evolution from day to day.

A young man, aged 28, came to consult me, not with the object of following a treatment, but to ask my advice on the line of conduct to be followed in his case. Ashamed and embarrassed he told me about his "vice." He told me that a few years ago he went to consult Babinski about a dozen times. But he could not succeed in telling him anything because he could not stop crying. At that time, he said, he had not yet fully succumbed to his inclination, while to-day the harm was irreparable: he was homosexual and did not see how he could live a normal life.

I slowly brought this patient to understand that behind his homosexuality something else was hidden, that conscious and unconscious homosexuality can be observed in all neuroses and that the ailment from which he was suffering was only one

* An extract from a lecture delivered at the Institut de Psychanalyse, Paris, in 1934.

aspect of a more profound disorder. This disorder was also revealed by other symptoms, such as the continual need to cultivate remorse, to think oneself excluded, for one reason or another, from society, to be unable to be frank, direct, open, to live in fear of someone discovering his state.

Our patient—we are going to call him Mr. Y.—reacted to this conversation by anxiety. After much hesitation he made up his mind not to follow a regular treatment but simply to come a few times in order to let me see more clearly into his case.

It is, therefore, the material of these few consultations which I should like to bring to your notice in detail, also the way in which Mr. Y. decided little by little to follow a regular treatment.

Mr. Y. comes to the first consultation and tells us the following dream: 'I am in a bedroom filled with excrements, when suddenly, to my great horror, I see my sister coming into the room.' Such is the tenor of the dream. The sister who appears in it is his younger sister who has been married for a few months. I ask him for some associations of ideas on the subject, but instead of telling us about his sister Mr. Y. bewails his homosexuality. He does not understand why I do not take notice of it and why I ask him to tell me about his sister. In short, he says that he is not ill and that what interests him is simply this homosexuality. It causes him so much remorse that after each adventure with a passing companion he has but one feeling, that of indescribable shame which forces him to shun the society of men and accuse himself as if he were a pariah. In other words, Mr. Y. does not want to speak to us about his dream which, moreover, does not astonish us. Our experience has taught us not to let ourselves be detained by Mr. Y.'s lamentations on his

homosexuality. You will see later that these lamentations only tend to delay our work of investigation and send us on a false scent.

The dream appears typical to us. These dreams are frequently found in those who have strongly repressed their aggressiveness in turning it against themselves and this is clearly manifested in the dream under observation. This dream means that Mr. Y. is a 'sh . . . t' in the worst sense of the word and will not allow anybody to see clearly into his case. He is also frightened at seeing someone come into the room, and his fright increases when he sees that this someone is his sister.

These dreams are very frequent in all the masochistic neuroses in which the suffering—the defaecation—has become for the patient an enjoyment, a kind of morose delectation. Through the medium of his suffering the patient realizes self-punishment. You know that this state of things can be represented either by moral or physical suffering or by social failure, self-humiliation, etc. The patient can hold on to these forms of suffering as he would to riches or treasure. We see this suffering realized by avarice when the patient becomes the slave of money. Finally, it can be manifested in a characteristic way by a state of constipation as much moral as physical.

We are not, therefore, astonished by the horror with which Mr. Y. sees his sister come into the room where he has been alone until that moment. Naturally, in this dream it is not only a question of his sister but also of the psycho-analyst whom the patient sees with horror, making contact with him and coming into the room. The reasons why these patients keep their aggressiveness to themselves are manifold. They are afraid to soil those who are

dear to them by expressing what is in them in their presence. They are afraid to humiliate or even kill them. Let us not be surprised therefore if it is difficult to make contact with the psychic material in Mr. Y., psychic material which he can hold back in exactly the same way as his faecal material.

We explain this situation to the patient in a few words. But, instead of staying prone on the divan, he gets up and shows signs of anxiety and impatience. He wants to go. We explain to him why he wants to go. He then lies down again, but falls into a silence lasting several minutes. At last he says this:

'Yes, I have often been constipated in my life. I am not accustomed to speak of my worries. I have never confided in anybody. As for my sister, she is the person with whom I agree best. I have always liked her very much, but it is not the same now that she is married. I asked her to come to the cinema last night but she preferred staying with her husband. I confess that for the first time in my life I felt rather bitter. But why speak of all this? My brother-in-law is a friend with whom I agree admirably. He does not usually want to go out alone with my sister. He always asks me to join them. In fact they do not envisage life without me.'

The first consultation ends with these words. I take good care to avoid the patient noticing that in spite of his resistances he finished by telling me about his sister, his brother-in-law, in short, about his Oedipus complex.

This is the dream that Mr. Y. brings us in the second meeting: he is with his sister in a basement. Someone—a man—wants to come into the room.

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The dreamer thinks it is a thief or a bandit. He takes up his revolver and wants to shoot this man, but the revolver does not go off. He then takes up a gun, aims at the man's eyes and kills him outright.

We do not want to go into the details of this, which does not bring us much. The sister is now *with* the patient in a basement. The patient who is impelled to identify himself with his sister wants to prevent the man from approaching them and from seeing them clearly (the patient aims at his eyes). This allows us to understand better the attitude which Mr. Y. wanted to adopt towards the analyst who was capable of approaching him and seeing clearly into the bottom of his soul.

In the course of this meeting the patient points out that he woke up during the night with a big erection provoked by a dream which he does not remember. This dream would doubtless have ended in a pollution if the awakening had not intervened. The whole affair finished by masturbation during which Mr. Y. thought of nothing, a thing which to us appears particularly characteristic of his case. We explain to him that he is not only preventing the analyst from seeing clearly into his state, but himself as well, since he does not wish to become conscious of what he might think in the course of this masturbation. His own consciousness seems, therefore, to be repressed in the same way as the man, thief or bandit, who went into the basement had been repressed. I do not dwell upon the words 'thief or bandit,' which are evidently meant for the analyst. You are aware that this resistance experienced by the patients towards their analyst is classic.

When leaving me, Mr. Y. is eager to pay for the consultation. This is manifestly a reaction against

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his desire not to pay. I advise him to do it later and he leaves. ✓

The patient does not come to the next meeting. He sends a telephone message to say he is in bed with influenza. I take care not to ask him why. Besides, up to the present, he has not told me his name or address. Knowing his difficulty in being communicative I do not intend to come out of my reserve. I wait. A few days later Mr. Y. asks for another appointment. When he comes back he tells me that he has been very out of sorts, tired and filled with anxiety; that he feels that I am aware of the threads of his case and that I know very well that it is impossible for him to escape me and that although he dislikes feeling himself thus manoeuvred he accepts it, but is indignant to see that I am always going in the opposite direction to the one which he indicates. He says that the last time he left with the impression that I was right, but in the night the feeling that all I had said was arbitrary grew stronger. Then he became convinced that I was wrong and that our affirmations led nowhere.

The patient does not speak in a surly manner but in an almost amused tone, as if he were vaguely conscious that his reasoning was only a resistance and as if he were laughing at himself a little.

This is the dream that he brings us: 'I am in my dark room unfolding a film in a bath. Once it is developed I stick it against a window to see it better, as if I were sticking it here against the pane of your window. When I am going to unstick it I see with anxiety that the film remains fixed to the window and that I risk destroying it. I am filled with anxiety, I hesitate and finally leave it fixed to the window. On it is a woman from H——, her daughter and myself.'

These are the associations of ideas concerning this dream which Mr. Y. gave me. The girl is a fair young English girl who was a secretary in Mr. Y.'s home at H——. What struck him about this young girl was her direct, sincere and natural way of speaking on all questions pertaining to sex. She lived with a friend whose mistress she became at the age of 18, first of all in order to cease being a virgin—it seemed stupid to her—and also because all her friends who were no longer so, used to make fun of her. Mr. Y. spoke fervently about this girl, her simplicity, her beauty and health, her untiring energy at work and he returns to the natural way she spoke about things to do with love. Mr. Y. said that the girl's mother who is beside her in the photograph is a prostitute. She is a woman who has been very neurotic, has had many lovers and who has always sought an enjoyment which she was incapable of realizing. But she had always frankly explained her difficulties and was capable of a great deal of loyalty. It was she who during a discussion had told him that there was something abnormal about his sexual life and that he should go and be analysed.

Then the patient continues to speak not of this woman and her daughter but of his sister. She is delightful, charming and healthy. She speaks of things pertaining to love without hypocrisy or prudery, even before her husband. She has always kept her brother informed about her men friends, her little sexual incidents, generally very platonic. Mr. Y. admires his sister's frankness, the simplicity with which she acts in everyday life and then he recounts at great length a few stories of their childhood together. After hearing all this it is not difficult to recognize in the girl from H—— the patient's

sister whom he has described in the same words and in the 'prostitute' the girl's mother, the patient's own mother. Naturally I only tell him the first part of my interpretation, but intelligent as he is he sees through the second and says to reassure me: 'Don't be afraid of telling me that I called my mother a prostitute. I understand perfectly well that this can happen in dreams. . . .'

These are, therefore, the impressions which he revealed in his soul and glued to the window of psycho-analysis, so that, this time, I might see perfectly what is troubling him. I can, therefore, conclude that Mr. Y. is, without knowing it, in love with his sister. He wants to break away from her, but cannot succeed in doing so. I am at last no longer called a bandit ; I have the right to see clearly into the very bottom of his soul.

He arrives at the following meeting in a state of anxiety and hesitates to lie down. Finally he lies down and tells us the following dream: 'I am in my sister's bathroom. I turn on the tap and the water flows into the bath where there is a piece of hard wood. It is not my sister who is bathing, it is I.'

Following immediately on the preceding dream it is not difficult to grasp its significance. All the same, I take care not to interpret it before asking my patient for some associations of ideas. In every dream, however significant, there are always obscure points which need explaining.

Mr. Y. then tells me of his sister and her extreme liberty when discussing sexual questions in front of him. One day, he remembers her telling him and her husband about a young man who had made a long speech to her without daring to take a more direct initiative. She said that she did not care for this

man and that she would have understood him better had he gone straight to the point. Mr. Y. supposes that his sister, who has never been prudish, easily adapted herself to marriage and derived much pleasure from her sexual relations with her husband. Mr. Y. again speaks at great length on his sister's clothes, her voice, her singing, etc. I thus learn that the associations of ideas only confirm what I had foreseen ; namely, Mr. Y.'s enormous interest in his sister's 'bathroom.' The bathroom and the bath obviously symbolize the feminine organs into which he enters to take a bath like the piece of hard wood in the dream.

I hesitate, however, to give Mr. Y. the interpretation of this dream too directly. And this is why: he has only been coming to see me a few times and yet the material which he is bringing to the analyst is already that generally discovered after several months' treatment. I know that the patient's *Super-ego* is capable of reacting very brutally and of punishing him if I make the contents of certain dreams conscious too rapidly. The feeling of guilt resulting from the too direct analysis of a certain dream can be considerable and the need of punishment very intense. It is true, on the other hand, that I cannot spare the patient this reaction. He will be obliged to endure it if he wishes to recover, just as you have to submit to the trauma of birth when you are born. But I can perhaps attenuate this reaction by drawing it out, that is to say, by only allowing it to manifest itself progressively. In Mr. Y. the part of the *Super-ego* which protests against this is the homosexual part, as you know. It cannot endure being deprived of the brother-in-law's friendship and feels guilty towards him after such a dream.

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At the same meeting Mr. Y. brings me a second dream as follows: 'I am going shopping with my sister in a big store or at a dressmaker's. I find I am in pyjamas. In the shop I meet a very well-known film actor who is homosexual. I am very embarrassed at being seen with my sister in pyjamas. This young man looks at me as if he knew that I am homosexual and as if he wanted to say: "You, too." I also look at him and say to myself: "What an interesting man!"'

This dream explains how the reaction of the *Super-ego* is announced. We have no difficulty from the dream and the preceding associations of ideas in understanding why Mr. Y. is with his sister in an embarrassing situation and why he is afraid to be seen in public with her when he is in his pyjamas, that is to say, undressed. This homosexual actor, a witness of all this, symbolizes the brother-in-law on the one hand, and the analyst on the other hand. In this dream and for needs of censure, Mr. Y. is more interested in his brother-in-law than in his sister. The patient has nervous starts and can only remain prone on the divan with difficulty. He sits up every minute. He says he is afraid I will bully him. He cannot understand the unreasonable fear with which I inspire him. I try to quieten him and make him understand his dreams a little. But the precautions I take are useless. He says to me: 'What! You want to hide the fact that I sleep with my sister in this dream from me? Go along, don't be afraid!' I am therefore obliged to go to the end of my interpretation but am wary of the reactions that it may evoke. To my great surprise these reactions did not appear in the course of the succeeding meetings, but a little later.

The next time Mr. Y. relates this dream: 'I am

climbing a ladder which is against a tree. When I get to a certain height, the ladder falls backwards. I fall into the branches of a tree behind me."

The patient does not give many associations of ideas on the subject of this dream. He tells me of all kinds of things which are troubling him. He does not know how long he is going to stay in Paris, as his sister is leaving for Belgium with her husband. In short, nothing of interest. But the material of the dream appears typical to us. I already know from what has preceded that Mr. Y. forbids himself to become conscious of the little romance he is living with his sister. He is living it by identifying himself with his sister and he imagines all that a boy like himself could do with a girl like her. This state of things explains his homosexuality. I suppose, therefore, that in this dream Mr. Y. is his sister. She falls from the ladder not into the arms of the tree, but into those of the young man, Mr. Y. This interpretation was confirmed in a particularly striking manner by the dream at the following appointment:

"My sister, my brother-in-law and myself are in a room. My sister goes up a kind of staircase in the room. When she gets to a certain height I tell her to let herself fall backwards. She does what I ask and I want to catch her in my arms. Unfortunately I miss her and she falls. She appears to have hurt herself. I am very embarrassed and apologize. "It doesn't matter a bit," my sister says, "it wasn't at all disagreeable." "

On hearing an account of this dream, I am immediately struck by one fact: this time things are no longer upside down or inverted; it is no longer the young man who climbs a ladder as in the preceding dream and who falls into the arms of the tree. It is Mr. Y.'s sister who falls into his arms and in the

husband's presence. Moreover, she seems to find it very agreeable. The dream was so clear that Mr. Y. immediately interpreted it. He confesses that this fall is obviously a symbol which he cannot deny. The fact that he is himself the cause can only make things more precise.

It would be interesting to obtain some associations of ideas on the subject of the pain caused by the fall. But it is not possible. Mr. Y. limits himself to saying, 'I believe my sister gave a little cry.' I do not, therefore, insist further on the material of this day. Obviously, it does not yet correspond to the famous negative reaction which we are waiting for.

The following appointment also brings us nothing new on the subject, except perhaps this dream:

'It was about the 15th February and I dream that there is a revolution everywhere in Paris. I am running into the street with my sister. We are going to shelter in a house. There, a man is standing, disguised, entirely covered by a shining cloak. I take hold of his hands and put his fingers into my mouth; a few shreds of the shining cloak remain there.'

On the subject of the revolution, Mr. Y. speaks to me of the recent events which took place in Paris: the revolt of the young people against the old. He thought at one moment of leaving Paris with his sister and brother-in-law. In his dream he seems to want to avoid this revolt and it is interesting to note it. But who is this man wrapped in a shining cloak? What signification has the rite of putting the man's fingers in his mouth? And what do the shreds of shining cloak which remain there symbolize?

It is not difficult to recognize in this image the symbol of a homosexual act, in the course of which Mr. Y. by identifying himself with his sister avoids the revolt of the young people. This homosexual

act allows him to suck his partner's fingers and carry away a few shreds of him, as a woman would do with a lover.

I give Mr. Y. this explanation. Immediately he confesses to me with shame that, in the dream, he also put the organ of the disguised man in his mouth. This confession exempts us from explaining to you what these shreds of cloak symbolize. The man who behaves towards Mr. Y. as towards a woman, is again his brother-in-law; in a certain sense it is also the analyst. The patient then says, that as he did not intend staying in Paris for a long time he will have to borrow money either from his brother-in-law or his doctor. This money represents nothing other than the shining shreds of the dream which Mr. Y. would like to put in his pocket.

We see here, that everything is again upside down. There is a regression determined by an aggressive, virile revolt, capable of making Mr. Y. a young fighter. This regression is revealed by the flight into homosexuality. Mr. Y., passive like a woman, receives the shreds of the shining cloak from his partner whose organ recedes into his mouth. His aggressiveness has again turned against him. His sadism becomes masochism. Instead of giving Mr. Y. receives; instead of ejaculating he withholds.

One fact makes this meeting particularly characteristic: Mr. Y. does not stop talking of his intention of giving me a present. He considers this intention a stupid idea which he must take care not to realize. He also complains of having lost his fountain-pen. Concerning this, he tells me about a friend who has a very fine fountain-pen. Mr. Y. wanted to steal it from him. Moreover, he confessed this to his friend who laughed, not understanding that he was serious. Some days ago, Mr. Y. wanted to give his

sister a present and he thought of offering her a fountain-pen.

This is the dream of the following appointment:

Mr. Y. is in his parents' house with his two sisters. Suddenly someone, a young man, comes into the house. Mr. Y. thinks that he is going to speak to his sisters. But it is a thief. The latter crosses his sisters' bedroom and goes into his mother's room in order to steal her jewels. Mr. Y. is paralysed. He can do nothing to prevent the thief from committing the theft.

We ask our patient for some association of ideas. He tells us that his mother has some very fine jewels; that these were given her by his father; that in his part of the country, they often call children jewels, etc. . . .

We are present, therefore, in this dream, at a typical situation: the young thief you have doubtlessly guessed is Mr. Y. himself. This time he is not, as in the preceding dream, content with the shining cloak taken from his brother-in-law; he boldly takes the jewels given to his mother by his father. He wants to steal his mother's children and enters into direct competition with her. This dream allows us to penetrate a little further into our patient's Oedipus complex; behind his sisters and their bedroom his mother is, in reality, hidden. Consequently behind his brother-in-law his father is hidden. The homosexuality, namely the identification with the mother and sisters, which was revealed to us by the dream about the photograph, had already made us foresee this. His homosexuality is, therefore, a means of putting himself within the very being of his mother and sisters in order to possess them. But it is also a means of possessing his father, his jewels, his children and money. We are, therefore,

dealing with the patient's negative Oedipus complex. Moreover, in the course of this hour Mr. Y. tells me a great deal about his father and his astonishing faculty for making money. The patient hesitates to write to him about his analysis. He would like to ask him for the money necessary for the treatment, but, on the other hand, he would prefer going back to his part of the country to earn the money himself. These questions worry him more and more. He gives me to understand that my fees are very low in comparison with those he pays to the doctors in his district. In parenthesis this signifies: 'I am making on you.' Mr. Y. also tells me that he always has to see that he is not lying and telling stories. He has acquired the habit of influencing people by his stories and making associates of them by telling them his exploits. We understand, therefore, that he exercises his charm on people in order to possess and trick them. He thus puts himself in the place of a woman. I then foresee some difficulty at the time of the settlement of my fees. I know beforehand that I must note down the appointments, if only to know the number for which Mr. Y. will not want to pay me. He is not a poor man, on the contrary, a very rich one.

I am not at all astonished to notice that from this meeting the treatment comes to a standstill. Mr. Y.'s associations of ideas become rare. He cannot sleep. He again falls ill. He no longer wants to talk during the treatment. He demands explanations from me. He is sceptical as to the results of the treatment. In short, he no longer wants to bring us anything. According to him it is for me to put myself out, not for him.

This state of affairs lasts for several days, in the course of which Mr. Y. thinks of leaving Paris. The

situation drags on like this until the end of the month. Y. is in a state of anxiety, ill at ease, irritable. Naturally, he does not keep his appointment the day that he should settle his account. The next time he brings me a cheque which he had obtained from his brother-in-law. For the first time he gives me his name and home address. The cheque is much less than the sum due ; but he has not the least conscience about the mistake. I say nothing in order to understand his reactions better. He then tells me the following dream :

‘I go into my mother’s bedroom. She is in bed. She has a feather boa around her neck. I say to her: “Why are you wearing that ? It is too short and does not conform to a woman’s aesthetics. To look well it should at least come to your hips.” My mother explains to me that at least twenty-five birds are required for a boa of that length and that it would be very expensive. Suddenly the room becomes full of butterflies. I want to catch a very fine one but the moment I touch it the butterfly appears to be dying. I explain to my mother that it is not really dead and that it is going to revive in half an hour. But I know very well that this is untrue and that the butterfly is dead for ever. Then I see a bird. It perches on my trousers and does its needs. I quickly ask the maid for a towel to wipe away the stain, which disappears.’

This dream leads us to the centre of the problem stated by our patient’s case. From the last dream we understood that he is jealous of his mother’s jewels, that is to say of her children. The boa that she is wearing—and which is a failure—is a child she is carrying, which is a failure. The butterfly is also a child; so is the bird.

The action of the bird doing his needs on Mr.

Y.'s thigh tells us of the masturbation done with a friend. His own spermatozoa had splashed on to his thigh. He had asked this friend for a towel to wipe away the traces. We are, therefore, certain as far as the bird is concerned: it is the friend and also Mr. Y. himself. The butterfly and the boa represent his brother and sisters. He touches the butterfly in order to kill it. He says that the boa is a failure and contrary to a woman's aesthetic taste. In the course of the associations of ideas he remembers that in the dream he wanted to take it from his mother. Everything, therefore, appears clearer and clearer.

It is interesting to note that Mr. Y., in paying me less than the sum due reduced his account by exactly three meetings; these are three children.* Mr. Y. is astounded when I cautiously try to make him aware of these facts. He does not understand how he could have made a mistake on this point. He proposes to settle the difference next time.

The following day he brings me not the difference for three consultations, but the payment for six. Then he tells me this dream:

'I am in bed in my room. My mother comes and sits on the bed. I tell her that I have prepared some almond cream for her. My sisters say that this is not true. However, they go and eat this cream in my mother's car. This car is a Packard and is for my mother's sole use. It is now soiled by the stains which my sisters made in it. The chauffeur tries to remove them and does so with a great deal of difficulty. Then I see my sister putting on a new dress. It is just a handkerchief which she puts in front of her.'

The cream makes him think of spit which can

* He has one brother and two sisters.

stain. He is very fond of almond cream and thinks his mother adores it. This time we see that the cream is not upset on Mr. Y.'s thigh but in his mother's car. In this car are his sisters. Naturally it is they who have made the stains. Mr. Y. has nothing to do with it.

It is his sister, too, who puts on a handkerchief instead of a dress. This handkerchief is the towel which was used to wipe away the spit or the spermatozoa of the preceding dream.

In other words, we see the sisters taking the initiative in soiling the car and putting a handkerchief against their organs, that is to say, the towel which Mr. Y. used. Still better, the sisters take the initiative of masturbating themselves. I submit this interpretation to our patient. I am not astonished to see the sisters and mother playing an active part in this dream, and taking the responsibility on themselves, while Mr. Y. remains passively in bed. He only prepares the cream—which is, moreover, denied by his sisters. You see, therefore, how guilty Mr. Y. feels in taking the slightest initiative. The defilement of his sisters by his products (excrements) can only be accomplished by their intermediary and without Mr. Y. intervening. We are now very far from the dream in which the patient dreaded putting his sister in contact with his excrements.

After this meeting Mr. Y. informs me of his wish to follow the treatment. But he still does not want to talk to his father about it. If he could follow this treatment without being obliged to tell anyone, it would be an easy matter. It is impossible for him to take the initiative in this way.

I have no difficulty in making Mr. Y. understand what is embarrassing him in this situation: he is shunning all initiative permitting him to become a

man. He lets himself be led passively by circumstances, in the same way as he lets himself do as his mother wants, in the preceding dream.

'Why, he says, not give me a definite line of conduct and prescribe for me what I must do? You would extricate me from a cruel embarrassment.' It is exactly this that I have avoided up to the present, in order to be better able to analyse the difficulties in him which prevent his making such a decision. I am, therefore, faced with the explanation of these difficulties: in Mr. Y.'s case his decision to follow the treatment symbolizes his wish to become a man and his consciousness of the responsibility of incest. And he is avoiding all this in passiveness and homosexuality. Mr. Y. understands this well enough, but he reproaches me for leaving him in his embarrassment.

He comes the next time with the fixed decision of following the treatment and staying another three months in Paris. He is going to tell his father that he is forced to have treatment for a blennorrhagia which he has just contracted. He asks me whether three months' treatment is sufficient.

Then he tells me the three following dreams:

This is the first: Mr. Y. goes to his father's property in the country to find some milk in a bottle. There he meets the steward who shows him the new buildings, the mechanized dairy, etc. They both take a walk along the side of a pond. The steward finds a squirrel which he hands to Mr. Y. But this squirrel scratches him and he has to release it. A wolf passes by next and frightens him, but soon he pays no attention to it. Mr. Y. suddenly finds that the new buildings are not at all extraordinary and that his father might well have consulted him before having them constructed. In short the father had

made some bloomers. The dreamer then decides to leave the estate and take the train to return home. But he arrives at the station too late; the train is going. Mr. Y. is going to miss it. He runs and at the last minute succeeds in jumping into a compartment, where there are two young girls who compliment him on not missing the train. He replies: 'Oh! That's nothing. I had to run much faster with my friend, M., to catch the train going from N. . . . to L. . . .; and while I was running I had my trunk in my left hand and in my right the linen that I had not had time to put in it.'

Mr. Y. approaches the second dream with some hesitation. He tells us his fear of involving us. This is the dream:

'I am going to the cinema with my brother. The cinema becomes transformed into a swimming pool. There are several girls there resembling film stars. They encourage me to get into the water and swim. To my great surprise I succeed in doing so, but with unbelievable difficulty. From this moment I even find that I can fly. I realize that this exploit is possible only because the air is charged with electricity. I see my mother surrounded by friends, and I fly on her. I then explain to my father how I proceed in order to fly, and I also explain to him the trick about the electricity.'

Mr. Y. approaches the third dream with even greater difficulty. He tells me that, if he relates it, I shall think he is cured, whereas he is not, and that we should have ascertained if his case is really curable before beginning the treatment.

This is the dream:

'I am at the station and I get out of the train with a young stranger. He tells me that I am badly dressed, and that he will give me the address of his

tailor. In the street I meet my sister and a young girl. My sister stops in front of a brothel. I want to make her go on, but she says to me: "I want to go in, I want to see how they do it." I try to dissuade her, but she replies: "I have a right to go into an establishment of this kind; it interests me terribly." Mr. Y. then says to himself: "My sister must want to sleep with the young man who is with me. In that case I should do best to sleep with her myself. Then her husband, who is my friend, will not be angry with her." I suddenly remember that I cannot realize this project because the female organs disgust me.'

We do not ask Mr. Y. for associations of ideas on the subject of this dream immediately. Its contents can be understood up to a certain point without associations of ideas. It is very clear; Mr. Y. goes into the film stars' pool; he flies on his mother; he behaves like the birds of the preceding dream, etc. . . . He goes as far as contemplating the sexual act with his sister. On the other hand, he at last decided to follow a normal treatment and put not only three dreams but three months at our disposal.

If we do not go into the details of the analysis with the patient it is because he himself warns us not to go too quickly and not to tell him he has made some progress. In fact, he could not endure it and the reaction of self-punishment would be violent.

We need not reproach ourselves for allowing him to follow the thread of his ideas because he told us nearly all this:

'I have something very disagreeable to tell you. The day before yesterday I received a visit from a young German whom I frequent at the present time. First of all I did not want to let myself go;

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I said to myself: "I must tell him." He begged me so much that I finally gave in, but with disgust. I see that it no longer means anything to me. In fact I do not know why I do it. The boy bores me.'

In other words I note, to my great satisfaction, that Mr. Y. without knowing it is about to abandon homosexuality. Soon this will only be a habit of no interest or signification to him until he loses it altogether.

Here again I take care not to preen myself on my success. I humour the patient's *amour-propre*. He would be too annoyed.

Let us return to the dream. I repeat that I am keeping the interpretation to myself. The first dream is one of recapitulation. It symbolizes all the story of the relations between Mr. Y. and his father. The latter owns a large estate in the country; he possesses formidable machinery for the milk industry. The dreamer comes to find some milk with a bottle. He is received by the steward who, of course, symbolizes Mr. Y.'s father. This 'father' first of all offers him a squirrel, an animal with a fine tail. But it scratches Mr. Y. The wolf comes, a symbol of the male organ. This wolf frightens him, but not for long. Soon the patient becomes more and more objective and according as he feels stronger his father's establishment makes less and less of an impression on him. He even starts criticising it and claims that his father should have asked his advice. He feels stronger than his father. He no longer needs him. He considers him as a pupil. He can, therefore, now abandon him and escape.

In the train he meets two girls, namely his sisters. He tells them that some time ago he had been able to run after a train even when bringing some linen

out of his trunk, that is to say his organ out of his trousers.

In the second dream Mr. Y. jumps into the water; he swims, he flies. All the pools pass by, that of the film stars and that of his mother on whom he jumps while flying; and this in front of his father who is decidedly beaten. Evidently the swimming is accomplished with much difficulty and anxiety. It is made possible by the electricity, that is to say the fluid of the analysis which is stronger than the patient. It is not Mr. Y. who accomplishes all these exploits. It is a force pushing him. This leads him finally in the third dream to substitute his sister for some prostitutes with whom he had had experiences as lamentable as they were laboriously put into practice.

Mr. Y. has been coming to see me for about six weeks at the rate of three or four times a week. The number of meetings necessary to accomplish these acrobatics is, therefore, relatively restricted. But you will agree with me that it is the most instructive part, not only from the clinical point of view, but also from the point of view of the analytical technique.

Remember the following points: from the beginning we left Mr. Y. with the responsibility of undertaking or not a treatment. When he wanted to pay me after the first meetings I refused; when he made me understand that he did not wish to tell me his name I told him that it was not necessary; when he missed the appointments during his illness I did nothing to find out his address and recall him. In short, I burdened him as little as possible by giving him the maximum of responsibility. I was thus able to analyse his flight, his feeling of guilt and his anxiety.

Once these obstacles had been removed it was relatively easy for Mr. Y. to decide to jump into the water, to fly with his own wings by abandoning as you have understood his homosexuality.

The principles applied in the course of this treatment are evidently not orthodox. We gave the patient the right to neglect the fundamental rule, we told him that there was no need to know whether he was going to stay in Paris; we did not retain him for months. We refused to be paid for some time. And yet, in proceeding in this way, we remained strictly in the line of conduct always recommended by Freud for the beginning of a psycho-analytical treatment.

The difficulty in this case is the patient's insistence on leading the discussion on to secondary points. The analyst who only follows the text-book may take them to be fundamental points. Above all, it is important to avoid being led away, to avoid losing precious time in idle discussions. You can even definitely compromise the treatment; for a too intelligent patient who sees the doctor letting himself be 'tricked' loses all esteem for his intelligence. Our prestige is not due to the servile application of an immutable technique, but to the faculty which we should possess of never wandering from the essential, whatever may be the manoeuvres of dispersion attempted by the patient.

We have, therefore, struggled against Mr. Y.'s resistance. From the beginning we forced him to face the problem he wished to evade. There is no need to tell you that at the very moment when Mr. Y. finally undertakes to follow a regular treatment he is already beginning to end it. It is, therefore, possible to tell him that the three months which he gives us can ensure him a total cure. Let us doubt

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it if only for conscience's sake. We are almost persuaded that two months would be sufficient. But I repeat, the treatment of a case such as this can last equally well for two years as three months, according as you give in or not to the patient.

Moreover, it is not easy to make a patient admit his cure, even when it is virtually attained. However, this is a problem which we shall discuss in a future lecture.

SIXTH LECTURE

POSITIVE AND NEGATIVE OEDIPUS COMPLEXES

IN the course of the last lecture we brought the development of a psycho-analytical treatment to your notice. This development allowed us to group together dreams very characteristic of the transformation which goes on in the unconsciousness of a subject during treatment.

You were doubtless under the impression that the case was an easy one and particularly accessible to our method of investigation and you were right. Our experience unfortunately proves that the cases in which treatment evolves so quickly are very rare and, in fact, only appear with the help of circumstances. In the case of our young homosexual the family situation presented itself in a favourable manner, and he himself had been in touch with psycho-analytical conceptions long before coming to see us. This interview took place at a time when the patient was perhaps ripe for treatment. Things would doubtless have been different if this young man had had another father, brutal and understanding, another mother and another sister, both masterful and rigid. In this case, even if the exterior conditions are favourable to treatment, the struggle against the disease is much more painful. We have thus to fight against all the influences of family life, influences which are repeated every minute of the

patient's life and which even lead him in a pathological direction. In the course of these treatments there is often a period when the struggle remains for a long time undecided and when the dreams show visibly the trace of these fights.

It is this critical period which I should like to bring to your notice to-day.

We see in the dreams a positive Oedipus complex appearing beside an abnormal negative complex. You know what we mean by this negative Oedipus complex, which is usually predominant in the neurosis. In this case the man, in the course of the act, does not identify himself with his father but with his mother, the woman not with her mother but her father. The dream types which correspond to the negative Oedipus—also called reversed Oedipus—are approximately the following. A man dreams: 'I am in a boat which is penetrated by the prow of another boat.' Or 'A meteor falls on to the boat in which I am sailing and pierces it through.' Or 'I feel that someone is thrusting a dagger into my back or loins.' For the woman these dreams are of the masculine type. Either the woman sees beside her in the dream a pig which she has to pierce with a dagger or she is in a lift which goes up and down without her being able to stop it, while the caretaker screams. Or again the woman sees herself in bedroom slippers in the middle of the afternoon, shocking everyone.

The child can also represent the organ of this kind of dream. She then sees herself going into the church porch with her child. Or she is bathing it in a very stormy sea, etc. . . . In the same class of ideas I want to remind you of a dream which was introduced into one of our first lectures: a young girl was walking on some

flowers which she crushed down with her feet (her limbs).

This Oedipus situation is present at the beginning of a treatment. But psycho-analysis makes it undergo modifications and thus we arrive at the critical point of the treatment which we spoke about. At this moment a new element slowly appears in spite of the reactions which it encounters and in spite of the jolts of a profoundly exasperated resistance. This element appears in dreams under the form of the Oedipus complex. And it is these dreams which generally allow us to take into better account the different phases of the struggle which takes place. In the positive Oedipus complex the man identifies himself with his father during the sexual act, the woman with her mother. We then see dreams such as the following develop in the man:

'I go into the basement of a house and am struck by the damp, hot atmosphere there. After taking a few steps I feel myself seized from behind and I realize that someone wants to plunge a dagger into my back.' Or again: 'I am turning on the water for a bath, but instead of making it flow into the bath I run it into my wardrobe where my ties are arranged. Then I pour the water from the drawers into the bath.'

In the woman the dream can occur in the following manner: this dream is, moreover, particularly instructive: 'Revolution is rumbling in Paris. I am in a restaurant near the Louvre with my husband and my sister. We are told that we are in danger. We hurriedly leave the restaurant and I try to hide the jewels because they could attract the rioters' eyes. We take refuge in a house where there is a young working-class girl. She is willing to give us shelter and protection on the condition that I give

her my red velvet dress and my jewels. In exchange she gives me her clothes which I put on. Some people come in and take me for a girl of the working class, particularly a little old man and a negro. I remember now that this negro wants to kiss me. I am forced to yield to him to avoid his betraying me. To my great astonishment I find that his kisses are not disagreeable. After spending the night in this house I walk into the street the next day to reach my home. I am still dressed as a working-class girl. In front of me there are Republican Guards and soldiers on horseback. Paris appears to be in a state of civil war. Suddenly I think with terror that my husband and I were separated from my sister the whole time. We do not know where she took shelter. Once we arrive home I learn that she has already come in and has not suffered any harm. I now want to regain my jewels and say to myself: 'This girl must give them back to me. I do not mind giving her my red velvet dress, but not my jewels.'

What is the material which gave rise to these dreams? You see that in the course of this one a fashionable woman decked in jewels, falls to the rank of a working-class girl, a woman like everyone else, and this after a revolution. Her sister who was with her before disappears, at least in the course of this night. The dreamer's husband has undergone no transformation. He took refuge with her in the house. The negro to whose kisses she was forced to submit is understudied by an old man, which is very characteristic. The material at our disposal allows us to affirm that this negro and the old man represent her father. When the night is spent the dreamer wants to return to her former situation and gain possession of her jewels, namely, her

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attributes of power which distinguish her from ordinary women. Let us note that she took good care to give the working girl these attributes of power before agreeing to share the same lot. The patient also finds her sister again. She wants to nullify what happened in her dream: she tries to return to the situation before the revolution. This dream clearly shows us how the positive Oedipus complex appears beside the negative complex (the patient gives her red frock and jewels to the working-class girl). The patient also buys the right to become a daughter of the people and thus to submit to the kisses of the negro and the little old man. These kisses, she says so distinctly, are not disagreeable to her great surprise. And at the end of the dream she is even envious of the joy she was able to give to the working girl in giving her the jewels. She wants to have them back not only to return to her former situation, but to rejoice in them herself again as the working-class girl has done.

The same patient has the following dream a few days later:

‘I am taking a tramcar to go to the middle of the town. I suddenly see that the tram is in England. The sea is behind me, and I did not realize that we had crossed it. I am very worried and tell the driver that I have come too far. He says that we are almost at the terminus. Protesting I get out hurriedly and take a tramcar going in the opposite direction.’

For the patient England represents the country where men still rule their wives (as they rule in the colonies). The patient sees that she has left the sea behind her, and was not aware that she had crossed it. In other words, this time it is not her sister as in the preceding dream who is disappearing behind

her but her *mother*. She cannot rejoice in the moment when she was crossing her, namely, when she was penetrating her, and cannot penetrate the centre of the town which represents the place where she lived with her mother during her childhood. It is always the same conflict between the two tendencies.

The following dream also characterizes the struggle which takes place at this phase of the treatment:

'I dream that I am in an hotel in the Côte d'Azur. A man is living on the same floor as myself. He has become very smart and rich after his marriage. He asks if he may join me in my room. He comes and I am not at all surprised. I know that it must end like this, and I shall be forced to sleep with him, as all the women he knows do. My room is divided into two or rather a screen transforms it into two distinct rooms which communicate. In one of these rooms is one of my friends who has been divorced. She was very unhappy in her married life. She now lives with an artist friend who is very clever and sensitive. She seems to be perfectly happy. This woman says to me: "Look here, you are not going to give in to this creature. He thinks he can get everything he wants from women. It would be a pity for you. You would do better to let him go." At that moment I think of a young fellow whom I see from time to time. I say to myself: "No, I am not going to be unfaithful to him," and I show the other man the door.'

In this dream the situation is quite clear. The 'rich man' had proposed marriage to our patient when she was young. He had told her he was prepared to give up all the dowry in order to marry her. At that time he loved her for herself and did not

think of marrying for money as he did subsequently. The divorced woman is a dark-haired woman of about 40, very intelligent and sensitive. Our patient had no difficulty in recognizing her own mother. The latter would probably not have been unhappy if she had not been neurotic. She desired to play the part of an unhappy woman, misunderstood by her husband in front of her children. In this dream the patient also represents the lover of the divorced woman who is in the same room as herself; the lover in question is moreover absent. On the one hand she is a woman towards the rich and powerful man who is capable of loving her for herself and to whom she is going to yield in the end; on the other hand, she is a man towards the woman who at the last moment intervenes and stops her by suggesting fidelity to her man friend. The latter is a boy in the girl's eyes, with long lashes, a very effeminate boy. The patient had in fact not practised homosexuality with a woman, but in a very platonic manner with a boy who has more or less the mind of a woman. And thus, in this dream, we see the positive and negative Oedipus complexes facing each other. The negative one wins again, but henceforth very feebly.

In the same patient's next dream the positive Oedipus complex is victorious. To tell the truth this is a dream which preceded all those that we have just quoted. But as it was too fine and too much advanced the contrary negative tendency, as often occurs at the time of the appearance of normal Oedipus dreams, returned to the charge and caused a struggle which we have studied up to the present.

The patient dreams that she is at the seaside and sees a big house just on the edge of the beach. She herself is with her mother in a little boat a short

distance from the house. There are huge waves and the house is moving on these waves as if it were a boat. The dreamer is shaken up and suffers from giddiness. She notices that the boat is following the movements of the house. She is in a state of anxiety and is afraid of drowning; she pushes her mother, who is in the front of the boat, into the sea, and at the moment when her mother is falling she feels that the boat is going to sink. She herself jumps into the water. She calls for help and sees her father among the bathers with his arm coming out of the water. She makes for him quickly, calling, 'Daddy, daddy.' You see that in this dream the contact with the mother is lost. The patient in a state of anxiety leaves her mother and jumps into the water like her. She sees her father's arm in the sea and it is towards him that she makes her way, calling, 'Daddy, daddy.'

It is, therefore, the positive Oedipus complex which seems to gain in this dream over the negative; the father over the mother and patient.

Let us add in parenthesis that this dream reproduces the initial situation which was probably the starting point of the patient's identification with her father and not her mother in the sexual act. You recognize in the big house the parents' bed and in the little boat the child's cradle; the to and fro motion of the boat which reproduces the to and fro motion of the big house represents the movements of the parental coitus which gives the child vertigo.

This is the first time in the course of the treatment that we saw a normal Oedipus complex appear in this patient's dreams, a positive complex which, it is true, provoked the fury of the negative part of her personality. This negative part subsequently

sought to make it abandon the new position acquired as you have been able to see.

You notice how in these dreams the accomplishment of the normal sexual act is always counteracted by the need to reverse the situation and remain anchored in the negative Oedipus. This state of affairs, as we have already seen, is prolonged more or less according to the cases. In the patient in question it was accompanied by fairly strong depressions which, each time, corresponded to a progress in the path of the normal Oedipus.

What is the family situation corresponding to the neurosis of this woman ?

Her father is a good but weak man. He was rich, but his business affairs were unfortunate, and he was unable to maintain his situation. Her mother is an intelligent woman, but had always quarrelled with her husband and given the children the picture of a misunderstood and neglected woman, which in reality was not at all the case. Moreover, she knew how to please her daughters and decorated their rooms with flowers and nursed them devotedly when they were ill. The father was much more reserved. He generally gave them useful presents, sometimes going beyond his means. But his gifts were always accompanied by some reticence on his part.

The starting point of the neurosis, as the analysis has shown, was not only the parents' behaviour, but particularly the time spent in their bedroom when the patient was little. Her sister's birth also determined her changed attitude towards her father. But once the complex was quite reversed, the circumstances of the familial environment were added to it and made this inversion particularly strong by determining a powerful fixation to the mother.

It is, therefore, this mother whom the patient cannot forget; it is even because of this fixation that she cannot recover.

We thus see the neurosis capable of more or less uniting with the individual according as the pathological development has been favoured by circumstances or the hereditary elements.

This fixation is always revealed by what is in psycho-analysis called ambivalence. This is the constant need to oppose certain outbursts by their opposites, for example, love by hate, anger by laughter, aggressiveness by passiveness and vice-versa.

This ambivalence is not only the result of an attachment, but rather that of an anxiety which plays a major part in the genesis of the neuroses. You know that this anxiety appears in men as what we call fear of castration. In a certain sense it also exists in masculine women. In a woman who comes out of the masculine phase of her development it is revealed either by fear of castration or of the amputation of an imaginary male organ or by fear of seeing her organs destroyed by the mother or by the virile too powerful and voluminous member.

Besides this fear we have in both sexes to deal with the fear of death which tends to stop them in the normal development of the affectivity and sexuality.

In the dreams we generally see this fear of castration appear in a very definite manner in men. A man, for example, sees in his dream a donkey standing on the edge of a railway line which he dares not cross. He seeks a hollow at the bottom of the embankment where he can hide. In the course of the associations of ideas, the dreamer remembers about a train loaded with livestock, the

wagons of which would have been grazed by another train going in the opposite direction and wounding the cattle in the head. The head generally symbolizes the male organ in dreams. Fear of castration is, therefore, very often revealed by that of decapitation. Let us add that in another dream the dreamer, freed from this fear, crosses the railway line on horseback and jumps still rather timidly but determinedly into a pond. We see that in this new dream the pond is situated beyond the castrating railway line which has stopped him for so long. I need not tell you that this method of entering a pond on horseback is a classic symbol of the sexual act of man. The Oedipus complex in this case is no longer reversed. Moreover, in the preceding dream, a man plunges something in the donkey's nose to see him suffer; this corresponds to the negative Oedipus which the dreamer, after the obstacle (anxiety of castration) has not been able to abandon. In other dreams this fear of castration is revealed in a still more direct manner. Also in the following dream in which the subject sees a guillotine: he will be beheaded. He knows that if he follows the men who are going to the guillotine he will be beheaded. He sets off nevertheless in this direction because the fear of castration is not sufficiently strong to prevent him from following the path of the men.

Often in these dreams a picture of war symbolizes the danger of castration; or again the female organ may determine it. The dreamer then pictures to himself this organ being armed with saws or teeth capable of performing the amputation which he fears. Woman can also be represented by a diseased and infected person (venereal diseases) whom you must avoid in order not to fall ill in turn, that

is to say, be castrated. The dreamer sees her leprous, or well covered with spots and marks which are the signs of a strange, contagious disease, etc.

This castration fear can be very powerful in the man and can sometimes persist even at the moment when the sexual act is virtually accepted.

We shall quote the following dream as an example:

A man, Mr. V., dreams that three business affairs are engrossing him: a first affair is perfect and a model for him; a second affair is his own affair; and a third affair is one that he would like to undertake but is forced with regret to abandon. Little by little, in the course of the dream, the three business affairs become transformed into three cars. The perfect and ideal affair which he uses as his model is a powerful car in front of him. His own affair becomes a car in which he rides behind the powerful car and the third affair, the one he is forced to abandon, is the car coming in the opposite direction to his and the powerful car in front. He does not see this third car as long as he is behind the big car; but he has the idea of overtaking it and leading the way on the road. At this moment he sees the third car coming in the opposite direction just when he is overtaking the big car. An accident appears inevitable. But he succeeds in passing it though he does not know how. At the end of the dream he is in front of the big car. He is leaving it behind him. This dream, as you see, is characteristic of the fear of castration which the patient endures in wanting to overtake the powerful car which is his ideal in business and which is nothing else but the symbol of his father. The third car going in the opposite direction and representing the affair that Mr. V. has been forced to abandon is the negative movement, the negative Oedipus complex, the femininity

which wants to impede Mr. V.'s masculinity and this just at the moment when Mr. V. is on the point of completely identifying himself with his father and man. You see, therefore, in this dream, first of all, a struggle between the positive Oedipus and the negative Oedipus; the positive Oedipus wins. But the fear of castration was such that Mr. V. nearly made a regression towards the third car, that is to say, the third affair, which he is regretfully obliged to abandon, as this third affair symbolizes his homosexuality and his neurosis.

The fear of castration is also shown by the need of falling, of wounding oneself by handling a knife, of breaking a finger, or most often a thumb, etc.

One day, after a fortnight's interval on holiday, we found one of our patients with a bandaged hand. This patient had not been able to continue with his work in the factory where he was employed as a volunteer. Before the treatment had been interrupted he had made considerable progress and was beginning to abandon the barrier of an obsessive neurosis which put a stop to all his work and all effective realization in life. He had been hurt by putting his hand in a machine which had crushed his thumb. The accident appeared due to bad luck. But the analysis revealed that it happened at the very time of the patient's first revolt against the analyst. At that moment the patient was beginning to complain of losing the advantages of his disease. He had begun work, but there continued in him an anxiety, the reasons for which he could not understand. It was a question of castration fear. The accident befell him when on learning that a workman had been hurt at the factory the day before the patient woke up with an atrocious feeling that an accident could also happen to him.

Indeed the accident occurred that very day. And later the patient brought us a dream in which he was afraid of making one of his cousins pregnant. At the moment of entering my consulting room he told me that he had the same disagreeable feeling as the day when he had his thumb dressed at the family doctor's. This is the dream.

'I am in the district where I spent my childhood, and I think the sky is very beautiful. Many people are about, and I see some animals, including a calf, which reminds me of a particularly lame and confiding one with which I used to play when I was a child. It seems to me that in this dream I have had sexual relations with my cousin. On seeing her grown-up and developed I am seized by a great fear lest she becomes pregnant and my father learns of it.'

The fear of castration in the woman naturally only manifests itself in cases in which she behaves as if she were a boy. For example, the ailment with which she tyrannizes her surroundings can represent the male organ and she holds to it all the more strongly because it procures her great material and moral advantages. Material, because thanks to her complaint she can spend her time in spas and nursing homes; moral because she can torture a sensitive and brow-beaten husband who in such a case likes nothing better because of his own neurosis.

One day we saw this castration fear manifesting itself in a very characteristic manner in a colleague's wife. After a long hesitation she decided to be psycho-analysed. One day, before coming to the appointment, she noticed that her toe was hurting her, a thing that had never happened before. She took advantage of this to go with her husband to see an orthopaedist who lived near.

She related her visit to this doctor and described his very luxurious and magnificent flat with three or four secretaries, nurses, etc. Finally the doctor, with a solemn demeanour and without looking closely at the trouble, decreed that the big toe must be amputated. 'What, a quack,' she said to me, 'he thinks I am going to him for an operation like that! Never!' I ask her if her foot hurts her. She replies in the affirmative. Then in the course of the conversation I ask her point-blank if she has really decided to follow the treatment. I am naturally referring to the psycho-analytical treatment. But she cries out: 'What! A treatment? You really think that I am going to let this quack amputate my toe?' She thought I was referring to the orthopaedist, but even the confusion in her mind is significant: she replaced me for the orthopaedist in question.

After explaining all this to her I made her understand that she could very well transpose the fears concerning the psycho-analytical treatment or rather the fear with which I inspire her to the orthopaedist. Again I ask her if her foot still hurts her. To her great surprise she finds it does not. She gets up and walks around and says that all the pain has disappeared.

This fear of castration which appears paradoxical in women can naturally only appear if the latter behaves like a man who would be frightened of undergoing castration. This fear is that much stronger because a woman, thus masculinized, generally does all in her power to castrate the male, and is afraid in virtue of the law of retaliation of being punished for it. To her the fact that she is a woman is to be castrated. Or rather the woman deprived of a male organ is, in her eyes, a castrated man.

We have already stated that after a certain length of treatment another fear generally prevents a woman from having a normal sexual dream: the fear of the male sexual organ and the fear of the mother. In these cases we see dreams of the following type:

'I am at the seaside and I see a big fish, a shark, I think. I admire this imposing mass performing evolutions in the water. Suddenly the fish approaches the shore and I run away. Then I am on the beach. In digging some holes in the sand I see some fish. They are very small and do not appear to be able to move. But then a big one begins to move about in the sand. I get up absolutely terrified.'

You have all heard of the dream about thieves which young girls generally have. They are afraid of seeing a robber entering their bedroom and doing them harm. These dreams are obviously of the same type and correspond to the same anxiety.

The following dream is very characteristic of this situation:

Mrs. A. dreams that she is in a fortified room with a heavy iron door. In the same flat there is a powerful man who always wants to come in through this door, but up to the present moment he has been unable to. Then this man, with the aid of a blow-pipe, succeeds in making a hole in the door. Mrs. A. is struck with fear and jumps out of the window into the garden where there are some people running away. Among them there is a woman and her son discussing the revolution and the latter says: 'They shall not get us. We are going to show them how we shall die.'

This dream as you see is very clear. The last part appears rather obscure, but is very significant if

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you take into account the fact that the son with his mother is Mrs. A. herself. She becomes a boy with her mother and does not want to give in to the powerful man who is capable of piercing the fortified door of the dream with a blow-pipe. She prefers to act like a soldier choosing to die rather than be vanquished.

Mrs. A.'s case was particularly hard to treat. The patient's mother had become a schizophrenic, and this madness had been attributed to the bad treatment which her husband had made her undergo. The analysis allowed the truth to be re-established. Mrs. A.'s mother had been ill and unbalanced long before becoming insane; the scenes and disputes with her husband were therefore the consequence and not the cause of her state.

We then understand why the patient is afraid of seeing the powerful man enter her room; why she runs before the blow-pipe and jumps out of the window to go and find her mother preferring to die. In acting this way she becomes a man. The fact of jumping out of the window becomes the symbol of the sexual act with a negative Oedipus complex.

The other anxiety, that of being destroyed by the mother, is often expressed in women by their obligation to give up all they possess, clothes, money, jewels. All riches become in a certain way a symbol of pregnancy and these women are forced to make people steal what they have acquired. This situation is revealed in dreams in the following way: 'I have a well-filled hand-bag which I show my mother-in-law. I see with surprise that she opens it and breaks inside. I take up my bag again, but the lining is in pieces and remains in my mother-in-law's hands.' Generally these dreams, the signifi-

cance of which is very clear especially in this one, are more censured. It is usually the negative reaction which stands in the way of the woman's desire to conceive a child as is clearly seen in the following dream:

'I see a little chicken throwing itself violently against a black cat. The chick becomes bigger and bigger and I try to get rid of it. At last I step on it. Each time it rebounds and all my efforts to crush it are in vain. Finally it becomes enormous and I very much want to cut it in pieces. I next see my cousin, Mrs. Y. She has a swollen eye. She complains about it and would like to get rid of it, but fails.'

In this dream you see the patient's resistance turning first of all towards the chick which is getting bigger and bigger and which symbolizes the male organ in erection. Then this resistance turns against the swelling in her cousin's eye and the cousin complains to her husband. I need not tell you that this swelling symbolizes the pregnancy of her cousin with whom the patient identifies herself in this dream. She complains of this swelling and feels herself compelled to take it away and cut it into pieces, exactly as she wanted to do to the chick at the beginning of the dream. There is therefore a part of her which forbids her to have a child and which would like to destroy this child. This part of the individual is naturally the one which gives rise to the negative Oedipus complex.

We have up to the present described more especially the obstacles proceeding from the neurotic conflict or rather from the action of the *Super-ego* which give rise to the fear of castration or death, and which oppose the normal evolution of treatment. We have drawn your attention to the struggle

which occurs at the moment when the positive Oedipus complex threatens to gain over the negative.

We have not yet mentioned another source of obstacles, a source which does not proceed from the patient's neurotic conflict but from his character which has become an integral part of his complaint, adapting itself to it in such a way as to derive advantages from it. These obstacles proceeding from the character are sometimes very powerful and can hinder the course of treatment considerably. The patient envies you every step of progress and makes you pay for it as if this progress was not a gain but a loss and a humiliation for him.

This is a very typical example provided by a young man who we had every difficulty to prevent from contracting anal gonorrhoea. He said that this disease had a special attraction for him, because each time he contracted it he took advantage of the occasion to invite all those of his friends who had done him a bad turn and contaminated them in revenge. This vengeance was a source of great satisfaction. It was with great impatience that he awaited the expected telephone call a few days later announcing that the trick had worked.

The patient's resistance in the course of treatment was particularly strong, not because he clung to his state with the sole aim of evading the fear of castration, but because he used it to accomplish a real vengeance to which he was attracted with all the fibres of his being. His mother had married again after the death of her first husband, the young man's father, a rich Australian thus abandoning her children.

At first our patient did all he could to squander the money coming to him from his stepfather and he sank to the lowest depths of society. His state

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was a kind of mute accusation against his mother; he seemed to say to her, 'Look what you have done to me by abandoning me for the Australian's money.'

In cases of this kind in which the neurosis responds to very strong needs of vengeance towards the family the resistance proceeding from the character is generally considerable, for, from the patient's point of view, it is a question of honour not to give in. Sometimes when the normal Oedipus complex appears in dreams a fit of rage can impel the patient to refuse all progress.

The following dream occurred in a man who had suffered a great deal in his childhood from the discord between his parents and the masterful character of his mother. This dream appears significant.

He dreams that he is playing bridge with his wife, his mother-in-law and a man who reminds him of his father. He sees that he has all the necessary cards for a no-trump hand. At the last moment, however, he hesitates and the other players are able to see his hand. He has the impression that they are laughing at him and furious he throws his cards on the floor, saying: 'I prefer not to play with you under these conditions.' He withdraws to his room and his wife comes in and reproaches him with being a bad sportsman but he makes no reply.

The man had this dream the night after the death of his father, the man opposite whom he had been playing. The cards in his hand therefore are both those of the dead man and his own. The game is magnificent. He can beat his wife and his mother-in-law, but as he has the impression that they are laughing at him he prefers to stop playing. It is here that the character resistance intervenes. He

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renounces the game provided that it gives him the chance of preventing both women from playing. He reproaches them for trifling with man's authority. They do not deserve, therefore, that anyone should play with them.

This patient's mother is a very strong-minded and energetic woman. Her husband separated from her and in the end went to live with a simple working-class woman with whom he was very happy. The patient tells us that it was doubtless his mother's fault if his father was unhappy and if this unhappiness made him lose money in his business. After separating from his wife he succeeded in working and economizing which he had never been able to do before. The patient made all these reflections the day of his father's funeral. He is angry with his mother, the woman who derided his father and who could not appreciate the virile qualities of her husband and her son. This is the reason why even with the best possible hand (that is to say the greatest success in his treatment) the patient, from bitterness and vengeance, prefers to throw in the cards rather than play in peace with his wife and his mother-in-law.

The dream came at a time when this long treatment appeared to be a success for this exceptionally gifted man. We had to use a great deal of patience before we saw him overcome this reaction proceeding from his character.

You may observe the same resistance in women. It is particularly frequent in cases in which a woman has succeeded in competing successfully with men and beating them as much on intellectual as on erotic ground. I mean those cases in which a woman has succeeded in her studies and become the master of the house whether she lives with a man, who in

this case is little more than a woman, or whether she lives with a woman.

The triumph thus obtained is a great satisfaction to her *amour-propre*, and you can understand that the interested person holds fast to it even if she has been led to this satisfaction by a neurotic conflict, and even if she pays for it by symptoms such as frigidity.

We know that the children of these mothers are often tortured beings in spite of all the mothers' efforts and scruples to spare them. The hostility of the masculine woman, as we have already stated, turns not only against the male organ but also against the prolongation of this organ, namely the child. We know cases in which it is solely for the good of their children that the patients have agreed to undergo treatment, but not without revolt and difficulties. The resistance proceeding, outside the negative Oedipus complex, from the character and the intelligence with which the patient defends his neurotic position can then be particularly obstinate, and we have sometimes seen the treatment drag on for several years before succeeding.

I have tried to lay before you in this lecture a few aspects of the difficulties which we have to overcome to make the treatment successful. To-day I have confined myself to the reactions created by the appearance of the normal Oedipus complex. I have not yet spoken of the resistances at the end of the analysis, which are determined by the cure and by the patient's difficulties in accepting it, even when the normal situation is practically re-established. This will be the subject of my next lecture.

SEVENTH LECTURE

THE CURE AND COMPLETION OF TREATMENT

IN psycho-analysis the cure is revealed in a much more complex manner than in general pathology. In order to convince you of this we must not forget the fact that a neurosis is for the patient a trial cure which is in the long run shown as going contrary to the normal direction of the real cure and at the same time giving him the feeling of having gone in the right direction. It only ends in the repression of certain impulses which he wrongly considers pathogenic. Thus the cure which we propose to the patient is in his opinion going in the direction of the disease since it implicates the liberation of repressed impulses and their reintegration in the total personality. In other words we are faced with two opposing theses; the one represented by the patient the other by the analyst.

For the patient the way of the cure is the one that leads towards the neurosis; for the analyst it is the one which suppresses the neurosis and leads towards the conflict which the patient desires to avoid by fleeing from the disease. For the patient this conflict signifies disease. On the other hand, his particular disease represents in his eyes deliverance.

You know the nature of the conflict which the neurotic considers to be an evil from which he must escape: for man it is the acceptance of virility in

spite of the fear of castration, the feeling of guilt for all the acts for which he becomes responsible and the need of punishment which can be the result since he feels that he is competing with his father. For woman it is the acceptance of femininity in spite of the feeling of humiliation, the cruelty of suffering, the need of punishment and the risk of death which this acceptance involves for her since she feels she is competing with her mother.

It is, therefore, in both sexes, a moral conflict for which the patient does not wish to bear the expense and in which he forbids himself to take part. For him the loss of these neurotic symptoms in the cure signifies the loss of his means of defence against this conflict which causes him fear and terror and the appearance of the subjective feeling becoming worse and worse in spite of the disappearance of the exterior symptoms of his disease.

This is often revealed in a paradoxical manner in the course of the treatment. His family and friends may find the patient cured, while he complains more than ever and feels the need of persuading everyone that nothing has changed his state. On the contrary he is suffering from new disorders. He admits that such and such a symptom may have disappeared, but in order to make way for a feeling of anxiety sometimes intolerable and which seems more terrible to him than the ill which he suffered before. Certain patients even go so far as to say: 'Oh! If I had known, I should never have followed this treatment!' Some miss their lovely disease. You may even hear them say that they have been led by the cure to a point diametrically opposed to the one which appeared desirable to them and they complain of having been deceived, 'tricked' they say, by the analyst. As long as the progress is only

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represented by the loss of certain symptoms and when the neurotic patient does not know where it is leading him everything is alright; but once he is faced with the consequences of our intervention it is a different thing. He then becomes furious, convinced that he has been tricked. This painful situation is further complicated by yet another feeling, that of being good for nothing, a failure in everything, of being vanquished, flouted and humiliated. Indeed our cure makes the patient fail in his great enterprise which is the creation of failure and disease from his fear of the conflicts of life. It destroys all that he has done as he believes that he is doing right by remaining clean, pure and spotless in the paradise of childhood. He becomes powerless, forced to endure this life which he hates and which he wanted to oppose; he is dominated by another will, he who only desired to recognize himself and whose disease had the character of revolt and vengeance. He is now a slave to racial instincts, love and common sense, whereas he claimed to submit only to himself and, with the help of his disease, to force all wills to bend to his own.

You will easily understand that this situation is revealed at certain moments of the cure by the patient's confusion and complete disorientation. He no longer knows where he is going, he no longer discerns good from evil, he only knows one thing, that he feels anxious, humiliated and prey to a terrible fear of the responsibility of which he was not conscious until then. All this is expressed in very different ways which you must understand in order to avoid letting yourself be submerged and to avoid losing the rudder in the tempest. Let us take some examples.

You remember Mr. O.'s case which I brought to

your notice in the fourth lecture. I showed you how the patient had fled from women and life into disease; I referred to different incidents in the treatment by three analysts. I tried to bring out his deception at having been deprived of his watch—namely the hours of analysis—by a woman and on this occasion we mentioned the two difficult moments in the treatment, namely: (1) the appearance of the repressed material; (2) the patient's reconciliation with the loss of the advantages of his disease and with the results of the cure. But nothing in my account permitted you to gain an exact idea of the work by which these reactions operate, nor of the manner in which they are revealed in detail. Only those who are accustomed to the slow and painful work of our analytical treatment can have any idea of the amount of patience, goodwill and sometimes suffering to which the patient owes his progress. And yet when you read one of the accounts which we give to illustrate the general course of a treatment he seems to make progress nonchalantly and with a certain elegance. We then say that months and often years were necessary to arrive at such and such a result but no one realizes exactly what this means. And in Mr. O.'s case more than a year was required for him to become familiar with the idea of the loss of his treatment which had become his refuge. And we know cases in which the patients have taken several years to digest the blow, not to speak of those who were opposed to following the treatment until then, so that, filled with spite and bitterness, they might refuse our cure. For we only accomplish this truly constructive work after overcoming those reactions which aim at preventing the patient from accepting our solution of the problem of life. I regret to have to destroy illusions

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which are very frequent in beginners. But, to believe that a treatment can generally be terminated at the end of eighteen months or two years at the most is in many cases to stay outside the question and reserve surprises both for oneself as well as the patients. We know cases in which the psycho-analytical re-establishment has exacted as much as ten years in spite of the experience of the psycho-analysts concerned. Every psycho-analyst with sufficient experience will tell you the same, however disagreeable it may be to agree to it. But in losing courage you risk depriving people of the affective readjustment following the treatment, people who are often quite capable of realizing it, as well as whole families and the social environment.

In practice you must most of the time count on one or two years of treatment and fairly often more; however, this does not prevent us in many cases from seeing symptoms which are fairly alarming in appearance disappear after a few sessions and establish during this time the bases of a very evident readjustment of the personality of certain subjects.

But let us return to the details of Mr. O.'s reactions when he lost the advantages of his disease. You recall how this patient sought to circumvent the analyst in order to make him forbid sexual relations for example. In the same way he was using the fundamental rule (of the free association of ideas) to find new reasons why he should say everything in the analysis, instead of determining to act in everyday life. And it was only after we had taken from him every opportunity of using the treatment as a means of constraint that O. understood the use he had unconsciously made of it. To realize this we had to exempt the patient from following the fundamental rule. We allowed him to be silent and hide

the things that he did not want to tell us. And it was this that made him finally understand. Do not think that he was made happy by the liberty that we had accorded him. These are approximately the associations of ideas provoked by our unexpected intervention:

O. says: 'I have the impression that you want to deprive me of the treatment without troubling to know whether I am really cured. Thus, with no regard for my suffering, you turn me out. What I do afterwards does not matter to you. I see the time coming when you will tell me that I am cured and I shall be worse than ever. What a funny way to proceed! But what do you want me to do with my liberty? Now I am thinking of something that I do not want to tell you. Shall I tell you all the same? It is strange to think that I am not forced to come here and say all I am thinking and that if I do so I act of my own free will and not because I am forced to. To think that I prefer this to the other! When up to the present moment I had always imagined I was not doing it of my own free will but from force and as something which I was obliged to do. And now I know that it was I who wanted it, in order to find a pretext, an excuse not to do anything else. . . . Kate. . . . You know that the girl who comes to see me makes me think of her sometimes. But what can I do about it? This girl is neurotic and what can I say to her? . . . All this brings me back to the beginning of my treatment and even before that, to a time when I had a habit of running from one doctor to another to be treated for organic diseases. And I recall the time when I was operated upon for appendicitis and when my mother who was always around me was finally turned out of the nursing-home by the doctor be-

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cause he would not allow her to be present at the operation. Yes, a time always came when by the force of circumstances, she had to leave me. Don't you think there is a kind of treachery in your manner of proceeding, something dishonest? You turn me out and deprive me of my sole reason for living—the treatment—and throw me into a woman's arms; I won't be able to utilize this treatment any longer to stop my relations with her. I must therefore take on myself the responsibility for my way of behaving towards her and towards the treatment. What a clever trick you are playing on me! It's funny that you've been able to do me when I intended to do you. Do I pay you for curing me or rather for allowing me in the treatment to appear ill? etc. . . .

It is only a long time afterwards that O. accepts our bad turn since we did it with the intention of doing him good and so that he could no longer find another way out.

Let us now examine the case of a man whom we are going to call Mr. K. Aged about 36, he has for nearly three years been treated for a neurosis of typical failure, manifested in this remarkably gifted man by a tendency to depression with the obligation of compromising his social and material situation. He took part in a very important business affair after his marriage and, in order to disorganize it, that is to say, to make it fail, he chose dishonest partners whom he could not do without, despite all the dangers which their action represented for him. He left to them the management of the business each time that after a depression he felt himself incapable of working; he dreamed of becoming a chauffeur, contemplating success only in a career of domestic service. This state became much worse after the

deaths of his father-in-law and his father which happened the same year and which had left him the head of a very important business, capable of bringing him a large income.

Thanks to his wife's courage and intelligence which replaced his the bankruptcy indisputably desired by the neurotic was avoided and he entered a nursing-home where they tried to analyse him. After the failure of this treatment which, according to the childish and often superficial system of Stekel should only last a few months, Mr. K. came to see me with considerable depressions and a need of failure, the last symptoms of which I have only recently succeeded in liquidating after two years of treatment. Mr. K.'s business prospers in spite of the crisis; Mrs. K. can again devote herself to her family life and her children without being forced to spend her time from morning to night attending to office matters. Mr. K. himself, instead of destroying the peace at home by all sorts of seemingly sentimental adventures, whose real aim was but to cause a quarrel with his wife, has become more and more attached to her, ceasing to avoid her and accepting the happiness which this remarkable companion gives him. To tell the truth it is here that the last results have not yet perhaps been obtained, since Mr. K. can not yet peacefully enjoy the possibilities of happiness in his home where he is surrounded by the cares of his wife and child. Recently, for the first time, he took a few days' holiday with her, no longer using his business as a pretext for denying himself the happiness of taking a holiday. But he is generally free from his symptoms. How does he react? Do not have any illusions: by an anxiety which is more terrible than any he has known before, although it is no longer capable of rushing him into

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complications and he can face it without trying to escape into a disease or imbroglios. But his wife is aghast and she, too, owing to this anxiety is in a very grave situation.

These are approximately his associations of ideas at that moment.

'It seems to me that the treatment is no longer doing me any good and that my coming to you is useless. I finish by wondering what I am doing here. If it is to suffer this hell, what is the good? I have had enough. This morning I stayed in bed instead of going to the office. I no longer feel like doing anything. When I take up my business and begin negotiations with the firm which I spoke about and which has given us large orders it is still worse. I find it impossible to work under these conditions.'

I explain to Mr. K. that in a certain sense he is right. From the egoistic point of view of the person who only wants to find shelter from different sufferings he had nothing to gain in the treatment, on the contrary, he had to suffer to come out of his state and become a normal father. I tell him that this fear is natural up to a certain point and that you cannot make contact with life in a normal manner without experiencing it each time you advance into the unknown and leave the state of childhood. Naturally we do not hide from him the fact that this anxiety is pathologically exaggerated in him, following upon certain facts of his childhood which we are doubtless going to discover if he succeeds in enduring it and not running away from it. And we add that the discovery of these facts will perhaps allow us to reduce this fear to its right proportions.

This is the dream which Mr. K. brought us after we had given him this explanation and which is, as you will see, very instructive.

'I am a candidate in an examination room and here I meet a dark-haired girl; I know that she is a gipsy. I begin to joke and flirt with her and eventually I kiss her. At this moment, someone opens the door, my wife, I think. I leave the girl and we go and have a meal during which my wife tells me that there are gipsy girls in the school, but that they should not be kissed because the men with them are very dangerous and kill their rivals: I feel a great anxiety because I kissed the gipsy.'

The associations of ideas given by the patient allowed us to establish a relation between this dream and a fact dating from Mr. K.'s childhood. The latter, aged 8, was entrusted by his parents (a good father and a stepmother) to a tutor's family, where he lived in family surroundings and began to resume a normal development which had been made impossible by his mother's neurosis and her cruelty towards her husband and his son. The tutor had a dark-haired girl among his children. He had requested the little boy not to loiter around the gipsies' camp which, at one time, was situated on the road from his house to the school. Mr. K. still remembers the fear the gipsies inspired in him from the thought that they could kill him. In his dream he unconsciously likens the tutor's daughter to the gipsies and the fear of castration inspired by his love for this girl to the fear of the gipsies' knife, namely, the tutor's knife.

The analysis of this dream allows Mr. K. to tell us some thoughts which have been repressed for several weeks, because he dreaded so much communicating them to us. In particular, he confesses that he is interested in our maid, a young, dark and very pleasing Italian girl who in his mind had taken the place of the gipsy and the tutor's daughter.

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To understand thoroughly his fear of the tutor, you must remember that Mr. K. represses him in his dream. He goes to school to flirt and not to learn; in this dream, therefore, the barrier of homosexuality is repressed: tutor-father-teacher. And this loss exposes him to the contact of this dangerous gipsy girl before whom the patient had fled into his disease.

It is, therefore, the suppression of the advantages of this neurotic protection of which our patient complains so bitterly as I have already told you. This suppression is, however, necessary in order to allow us to attack the true causes of his state, causes which are attached to the fear of castration from which K. had fled into his symptoms.

We know now why K. so strongly defended himself against love and women by clinging fast to the barrier of his symptoms and his homosexuality; and why in the course of his treatment he opposed us with so furious a resistance. By letting himself go in the normal direction of his development he feared that he would be dragged into worse complications with his father—castration, etc.—and he was afraid that as love might become stronger than he and life might overcome his resistances the woman would take advantage of his weakness to humiliate him. He was, therefore, angry with the woman for forcing him to face this trial and with the analyst for having led him to it.

After the analysis of this dream and the confession of Mr. K.'s interest in the maid, his anxiety was considerably lessened to a point when it even became endurable.

Another case concerns a man of about 40 whose symptoms were very complex. We were faced with a symptomatology which was both psychic and

organic. A link of interdependence seemed in our opinion to exist between the different psychic and organic symptoms. The organic disease in particular seemed to act as a defence mechanism against the conflicts of life. Up to that time nothing had allowed us to establish a relation between it and Mr. A.'s neurosis. Only in the course of the treatment did we see this relation and take it into account.

Once the treatment had been started I observed a very serious correlation between the patient's resistance and the signs of recrudescence in his organic state. At each resistance he has a temperature and his organic state becomes worse. But according as the resistances are overcome the attacks of fever disappear. Parallel with this progress Mr. A. asserts himself more and more in his work and tries to better his situation. He begins to envisage the end of his treatment and that of the care he receives from a pneumothorax specialist. In other words, he contemplates the end of his symptoms and all that they represent for him and he wants to be satisfied with the loss of the advantage of his neurosis.

These are Mr. A.'s associations of ideas when he is contemplating the disappearance of his sufferings; these are his first reactions to the progress, reactions which are characteristic of the feeling of inferiority which follows upon the failure of the resistance:

'I am now in a continual state of anxiety, but this is not the worst. What tortures me is the feeling of failure and weakness for which I reproach myself as if I were a coward, incapable of the slightest will-power. My projects have always failed; wherever I wished to succeed, I had to give up. I feel that morally I am dishonoured. Add to this that I have

not the slightest inclination to have relations with my wife and you will see how we have arrived at a point contrary to the one we wanted to attain. My wife does not like my advances; when I try to have relations with her, she avoids me, I can feel it.'

Then this is a dream which Mr. A. brings us:

'I am in a room with my friend's wife. I take the initiative by caressing her and kissing her, and I am afraid that my friend may come in and take us by surprise.'

To understand this dream you must know that Mr. A.'s friend is a remarkably gifted man, who he feels is his rival and by whom he fears he will be surpassed. In his dream he suppresses him, just as in his associations of ideas he had contemplated suppressing the treatment. Then he takes his friend's place beside his wife, experiencing all the time considerable anxiety exactly as Mr. K. felt after he had kissed the gipsy. Never yet in his dreams has Mr. A. himself taken the initiative with a woman. Either it was the woman who took it and the situation was reversed or someone intervened in the establishment of his relations with a woman to disturb them. This is, therefore, the first time he brings us a dream of this kind while at the same time telling us of his despair at failing in his enterprises. It is also the first time he envisages suppressing his disease. What has happened? You have no doubt understood that the feeling of failure has a relation with the failure of the failure or, if you prefer, with the failure of the resistance. This opposition against himself, the repression of his sexuality, these were the great enterprise of Mr. A.'s life, an enterprise which should procure for him both the advantages and the protection accorded to an ailing child. Did not the feeling of being dishonoured come from the fact that

to succeed in this enterprise was for A. a question of honour, an ideal? He is now a rival of his father, his friend and the analyst; he is going to feel all his jealousy towards his rivals, all the virile aggressiveness of which he thought he had rid himself. As you see the case is a classical one. The question of his relations with his wife is also worrying him. He fears that she may not allow him to play an active part, since everything used to be all right as long as he was passive.

You understand that only now when A. is going in a normal direction, in spite of all his efforts to avoid it, can the constructive part of the treatment be pursued. It is naturally of importance to deliver him from the reactions of the *Super-ego* which still wishes to put him in the wrong and make him believe that he has failed at the time when he is beginning to succeed.

I should again like to explain to you the intensity of Mr. A.'s feeling of humiliation. He is a very intelligent man and very proud of his will-power. For a long time he hesitated to follow the treatment, claiming that it had no effect on him; then, during the treatment, he risked his health, that is to say his life, several times, in order to resist and defend his neurosis. At any price he wanted to be stronger than the events and the repressed impulses which he feared. And, under the action of the treatment, they were overcoming him. What a humiliation! Instead of his reason being right, it was wrong. He has difficulty in forgiving himself this, even in agreeing to it. This is very human; but as imbeciles are the only people who never make mistakes, we can console ourselves. . . .

This state of affairs explains to you why the treatment is so often threatened with interruption when

the analysis arrives at this point. There are cases in which the patient is too furious with the failure of his neurosis and seeks by every means to recover it—either because we have not succeeded in sufficiently preparing the ground for the acceptance of this operation or because the circumstances, the nature of the neurosis or again heredity, put the subject in the impossibility of accepting his new situation. It is, of course, easier to make the patient take this path and round the headland when he is married and has children. We often endure for our own families what we should not endure in our own interests, all the more that in this last case the interest—or the self-respect—tends rather to maintain the patient under the protection of his neurosis.

Sometimes the break with the analyst occurs in a dramatic manner, especially when the patient is bent upon proving to himself as to everyone else that he is right and the analyst wrong. One, in his fury at being deprived of his neurosis, begins to drink, in order to find a reason for living in a nursing home. His state had led him to the borders of insanity and bankruptcy. The analyst liquidated his state and the patient became solvent. Now he has the intention of filing a suit against the psychoanalyst in order to prove that the analyst was wrong to treat him and has caused him a great injury. He goes from one doctor to another to justify his thesis and convince them that he is ill. And if, unfortunately, one of them has the courage to tell him the truth—that his state of health is perfect and that, for example, the tachicardia from which he was suffering has disappeared—he becomes furious and threatens to attack him for having taken sides against him.

Another who, by clever manœuvring, succeeded in

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contracting a real disease, a pulmonary tuberculosis, for example, takes advantage of it to prove to his friends the harm that the analysis has done him and to receive treatment not for a neurosis this time, but for a real disease.

You must know that these reactions are particularly strong everywhere the neurosis follows a maternal neurosis and where the disease desires to allow the patient to defend himself against the injurious influence of his surroundings. Without any doubt man tends to spread this reaction of defence to all women and even to the instinct which induces him to enter into relations with them. It is, therefore, very difficult to reduce the evil and reconcile the individual with the law of life. His resistances are declarations of war against wife and mother with whom he wishes to have no connection at all.

In women you can find analogous reactions with regard to the father—although their natural masochism just as their affective plasticity, greater than that of man, allows them perhaps better than the latter to adapt themselves. It is also perhaps the maternal neurosis which strikes them most deeply, when a masculine mother reduces her husband to nothing and forbids her daughter to become anything but her property.

In a case of this kind it is important to persuade the father not to give way, if he can, and to struggle with his wife, if only to save his children and bequeath them an ideal of normal paternity.

Finally, it would therefore be the masochistic and homosexual father who would reinforce his daughter's neurosis to the point of making it incurable. But let us leave this question for consideration with the family neurosis.

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Miss R. is no longer young. With the help of an extraordinary energy she resorted to psycho-analysis to escape from a neurosis dating from her childhood and due as much to the scenes at which she was present in her parents' bedroom as to the family neurosis which ended in divorce and from which the father emerged fallen and vanquished. But the sexual scenes in her parents' bedroom had at least something favourable, in that they placed Miss R.'s intuition in a good direction until she found the psycho-analytical solution. Miss R. herself almost forced me to treat her in spite of the hesitation I felt at the beginning, since I already knew that she had followed several years' treatment with a colleague. But the treatment had been insufficient. And far from letting herself be discouraged by the failure Miss R. succeeded in making me continue the treatment in spite of the obstacles which I put in the way because of the difficulty of her case.

She is now free from her symptoms. Before it was impossible for her to go out either to the theatre or the cinema, to work or devote herself to any kind of cause, not to speak of young people or love! Miss R. has never danced or flirted. Her rigid, puritan life when I took her under my treatment consisted in acting as companion to a few English or American spinsters. Henceforth she goes out to the theatre or the cinema, accepts invitations and her ideas go in quite another direction. She intends devoting herself to the education of children. Gifted with an exceptional intuition for everything concerning psycho-analysis she wants to make the children have the benefit of her gifts. Miss R. has just been offered a post in one of the most famous schools in America. But what are her reactions during the consultations at this period of her development?

These are a few of her associations of ideas:

'You know that I have just been having dreams which make me furious. Oh no! If I had known, I should never have been inclined to follow the treatment. I feel that I have become powerless, incapable of controlling my libido which now governs me. I think that you are dangerous and a thief. I dreamed that I had a fine cauliflower with a long stalk, but a dog jumps on it and eats the stalk. I was just able to catch the cauliflower to prevent the dog from devouring it. Then, and this is the most annoying part, I dream that I have sexual relations with one of my brothers. I did not want to remember this dream. It is the limit! But I have not been coming to you to do this kind of thing. I came to you so that you could teach me to govern my libido as I want. You have played a fine trick on me. Oh no! I do not feel like telling you the least thing.'

I do not insist on her associations of ideas, nor on the interpretation of her dreams. It seems to me that all this is quite clear. I shall simply add that in the next appointment, Miss R., who is a good sport and very generous, comes with some flowers and tells me that she has not succeeded in being angry with me for long. She is only afraid that all this may lead to a catastrophe and she continues: 'So much the worse for me, since I wanted it.'

I shall now quote the case of an unmarried woman of 36, just freed from a failure neurosis, characterized by a homosexual life, following upon the affective failure with her family. It would take little for her to compromise her position as an employee in a big shop by her continued absences for futile reasons.

The case of our patient, whom we shall call Miss

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N., was very complicated from the fact of the family neurosis or rather the maternal neurosis which had to a more or less serious degree compromised the life of all her brothers and sisters. Let us not enter into all the details of this particularly instructive case lest we lose sight of the main point. After a few years' treatment the position was approximately this: Miss N. renewed her contact with her surroundings and saved her social position. Her material situation became more stable than ever since she returned to work and her qualities make her a particularly gifted and agreeable collaborator. She took in hand the re-organization of her whole family. She renewed her acquaintances with men, not of the kind who unconsciously seek to degrade women and kill them, but with men of an equal social level, capable of love and protection. She has not yet completely accepted sexual relations with a man and has limited herself to tentative efforts. But she brings us a dream in which a girl friend with whom she had lived had sexual relations with a man while she was present and yet she was unable to prevent them. It is not of course she who accepts these relations in the dream, it is her friend. However, she also dreams that a cousin of her mother's shows her aeroplanes in the sky by drawing her attention to a three-engined machine which again arouses her anger and causes her to say: 'Of course you can show interest in pilots, you are rich enough to buy them, whereas I could never afford them even if I wanted to.' Then, still in her dream, Miss N. goes out of the room and goes into another one where she meets a young Englishman; he takes her in his arms and kisses her. This young man resembles her brother.

What are Miss N.'s associations of ideas corres-

ponding to these dreams in the consultations ? This is a brief account of them:

‘Doctor, I am furious and I have something to reproach you. You are perhaps acting in the interests of psycho-analysis when you advise one of my friends who is under your care to keep things to herself. For since she has been coming to you, she hides different incidents from me, whereas before, she was accustomed to tell me everything about her life. You are, therefore, acting against me and I am being put on one side. I confess that I was furious about it. I had a scene with my friend—yes, I made a scene—a thing which I never do, and to finish it my friend treated me like a little girl, telling me that I was having a psycho-analytical reaction. I have had enough, you can’t mix psycho-analysis in everything. And besides, what sort of person will people think me ? They are laughing at me and I can do nothing and my friends treat me like a little child. Oh! this helplessness! And my friend laughs at me in front of me, she who owes me everything and who was always so childlike with me. I have never been jealous of a friend before, doctor; and now I feel that I am going to envy her her youth, her beauty and her wealth. I thought that the treatment would give me a sublimation which would have allowed me to envy no one. Yes, my friend is beautiful, she speaks well and I am very stupid, even paralysed in comparison with her. You have done some good work! Wouldn’t it be better to leave people with their illusions than use this drug ? At one time I wondered what to do to get out of this confusion. But I think that I am beginning to see the result. Doubtless I am no longer as young as my friend. My dream with the Englishman made me understand. But you must admit that we are poor

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little things, miserable creatures, if we have to accept feelings like the ones I have had about my friend.'

You see these associations of ideas; they do not need commentaries. They are brought to us by someone who was sufficiently prepared by the treatment to be able to correct them herself. But to have an idea of the violence of these reactions you must realize their intensity in a woman of perfect education who, nevertheless, almost quarrelled with her friend after sulking for hours and not sleeping at night. Miss N. also thought of stopping her treatment as a protest against my injustice.

You have here the principal aspects of these reactions. Once overcome you have taken away the greatest obstacle to the success of the cure. All the preceding improvements only have a relative value if you do not succeed in rounding the headland. But do not think you are at the end of your troubles. First of all your patient only advances little by little in the path which he wanted to abandon. He must learn to walk like a child whom you must sometimes help to prevent from falling. Then you must free him from the last reactions of guilt and the need of punishment which can stop him and make him draw back. Moreover, you must beware of the patient's tendency to catch the disease of which he is deprived again, either by falling ill, this time with an organic disease, or by creating social complications for himself. In other words, he tends to replace the interior failure by exterior difficulties. The power of regeneration is not the same in all patients. It is perhaps first of all a question of age, then of favourable or unfavourable circumstances; or again it is a question of heredity and constitution,

which allows the individual to dispose of more or less of his libido.

The more gifted a person is, the more the road risks being long and painful for him, and the more nature obliges him to pay for the realization of his gifts. Intelligence and genius are, therefore, weights which are not easy to carry because they can at the moment of adjustment push the individual to separate himself from his equals and surpass them. It is also comprehensible that certain people hesitate to listen to common sense and truth if they place them in opposition to their surroundings when the latter are neurotic.

On the other hand nothing is done without compensation and the great trials of life are braved perhaps better when one knows how to ask life for joy, strength and the satisfaction which allows us to be in good form for the 'match.'

You see, therefore, what a long way there is to go even after the liquidation of the great reactions which I have just discussed. It is certain that once in the new path you can see the end of the treatment; you can feel the dawn rising on the countryside which until then was as dark as night and in chaos. Little by little you see things taking their place and the outline of the aspects of a life which has only just begun. In short, we begin to know where we are going and we find ourselves on even firmer ground, till the day comes when the patient is strong enough to walk alone. It is not necessary to upset him too much to reach the end and the process of Rank which consists in fixing a date entails in many cases the risk of going in the opposite direction to the one required and on reaching no resolution, unless the end is fixed only after the unconscious has accepted it, namely towards the end

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of the treatment. This way of proceeding can be favourable each time that the patient shows an invincible tendency to draw back before the last consequences of the cure. But there again I think it is preferable to analyse this tendency and obtain from the patient the assurance that he will take all the initiative and responsibilities. I assure you that it is possible in all cases in which you have succeeded in rounding the headland and which have been the subject of this lecture.

EIGHTH LECTURE

ACTIVE PSYCHO-ANALYTICAL TECHNIQUE AND THE DESIRE TO BE CURED*

You know the complexity of the problems which we have to treat and how we are tempted by premature improvisations to bridge the gap which separates theory from reality.

Freud stated these problems in the following way at the Fifth International Congress of Psycho-Analysis at Budapest in 1918: 'Should we leave the patient with the responsibility of putting an end to the resistances which we brought out in him? Is it not possible to bring him other help than that coming from the psycho-analytical transference? Should he not be helped to the psychic situation which is most favourable for the liquidation of the conflict? The patients' reactions also depend upon exterior circumstances. Should we have any scruples in altering these circumstances in such a way as would help the aim in view?' And Freud gives this reply: 'I think I can say that such active intervention on the part of the analyst is irreproachable and quite justified.'

You know how these considerations became the starting point of controversies on the active or passive technique of psycho-analytical treatment, and how, in the course of these discussions, Ferenczi

* Address delivered at the Oxford Congress in 1929.

generously and not without difficulty tried to make us benefit from his personal experience. You also know that Rank proposed certain radical solutions to some difficulties of treatment by taking as his base the theory of the traumatism of birth, which to-day we believe to be an exaggerated generalization, dangerous for all those who are not familiar with the true aspects of the problem. Experience tells us that we can only evolve slowly and prudently with our present conceptions. The knowledge gained in the course of the treatment of certain patients cannot always be generalized or applied indiscriminately to every patient; each one, according to his case and conditions in life, can often react in very different ways.

What principles should we observe apart from the fundamental principles of all classic psycho-analytical treatment? Let us first of all recall the *capital* rule which Freud defined in the following manner: 'The cure should be carried out in abstinence.' The word 'abstinence' does not, of course, signify sexual abstinence, but rather the renouncement of the satisfaction of a certain number of desires. It is true that this renouncement again is not easy to define. But you understand what Freud means if you are familiar with the patient's different tendencies to escape the psycho-analytical cure and content himself with imperfect solutions for his conflicts. The chapter on these imperfect solutions is perhaps still to be written; it could, however, be undertaken: we now have a better knowledge of the different forms of libidinal activity which can take the energies liberated by the destruction of a given neurotic system; we know the innumerable means which the need of punishment has at its disposal to obtain satisfaction. We could therefore

bring some light to a realm where until now the individual appreciation of each analyst reigns perhaps a little too exclusively.

A second principle is to avoid the loss of energy that may ensue from the patient's social habits. The patient confides to such and such a person what he should reserve for the psycho-analyst in the course of the cure. This difficulty is on the whole not insuperable; it can, however, make us lose much time, particularly when the patient brings back the effects of his positive transference to a person other than the psycho-analyst, who sometimes has need of them in order to conduct the patient to the attack on his resistances. How can these flights of the libidinal energy be avoided? The remedy appears simple: cut short this social intercourse. In practice, however, it is not always easy when, for example, the husband or wife becomes the instrument of the resistance.

A third principle, as you know, is that of pressing certain patients' resistances into action, for example, those of patients suffering from a phobia, by forcing them to struggle against their phobia, as Freud himself has advised: Our progress in the understanding of patients obliges us, he says, to admit that the different forms of neuroses cannot all be attacked with the same technique. It is true that Freud did not want to approach the questions until they were ripe for discussion. But his declarations have been precise enough to be useful to us. He says textually: 'You would never be able to control a phobia if you waited for the patient to decide to sacrifice it under the influence of the analyst. He would never then bring you the material necessary for the satisfactory solution of his phobia. The procedure must be different. Take for example agoraphobia. You

have to deal with two categories of patients, the one comprising subjects slightly affected, the other those who are severely affected. The first suffer from fear each time that they are alone in the street, but cannot yet sacrifice the liberty of going out alone. The others defend themselves against fear by not going out alone. With the latter the only chance of success lies in forcing them, without employing analysis, to behave like those suffering from a phobia of the first degree, namely to go out into the street alone and struggle against the fear. Consequently, we shall try to reduce the phobia to this degree; and only then can the patient grasp the memories and associations of ideas which allow for the solution of his phobia.'

Ferenczi formulated another principle: allow the patients to utilize all means of expression which do not make the doctor abandon his role of objective and benevolent observer. In order to enlighten us on his way of proceeding in certain cases, he has described the analysis of a girl who turns out to be a 'semi-prostitute' in the analysis. We maintain that it is particularly the description of such cases which allows us to give a precise account of our opinions on the different aspects of the problem; the advice given to us by Freud is not considered to be definite by him and the examples which he quotes are in his eyes provisional and indicate the direction in which he sees the technique of treatment evolving.

This is the reason why I should like to refer here to an analysis of sexual impotence in which we applied the different principles enumerated above. This case appeared to me to confirm certain of Freud's theories. It concerns a man of about 30 whom I shall call Mr. M. He came to consult me

about his impotence, he had never had normal contact with a woman, ejaculation occurring only in pollutions or in states of strange excitement; for example, Mr. M., while dancing with a girl, suddenly felt his temples beating and ejaculation occurred without there having necessarily been contact between his penis and the girl's body. Ejaculation could also occur in public vehicles where everyone is crowded one against the other and again merely at the sight of a woman. Coitus in normal conditions was quite impossible. Ejaculation occurred as soon as he approached a woman. In this way our patient had become contented with passive relations with a girl: when he was in bed with her he felt his temples beating and after a few minutes ejaculation would occur without there having been any other contact except the kiss.

Mr. M. had found a girl friend who liked to have this kind of relations when her part was confined to that of a catalyser, whose presence alone determines the production of a chemical phenomenon.

In the dreams which accompanied his pollutions Mr. M. possessed almost all the women whom he had had the opportunity of knowing, including his sister. With the latter it is true that ejaculation occurred particularly from the kiss. Mr. M. describes it to us in the following manner: 'My sister is beside me, she is very young, five or six years of age, I feel her child's skin, her warmth and know that ejaculation is about to occur. I leave her in order to avoid soiling her with the semen and also to hide from her what is happening; then, as in all the dreams of pollution, I wake up at the exact moment of ejaculation; I enclose the urinary meatus in my hand so that the semen does not stain the bed and get up to let it escape into the bath;

I wash and look at the time: it is either three o'clock or more often six o'clock in the morning; I then go back to sleep until seven o'clock when I get up and go to the office. Sometimes a second ejaculation occurs just before seven o'clock; this annoys me very much because I feel very tired during the whole day and my work is not up to standard.'

It is useless to tell you that Mr. M.'s list of symptoms did not stop here. We shall have an opportunity of discussing them later.

The analysis gave us classic material: as a child, Mr. M. was only separated from his parents' bed by a small partition which did not prevent him from seeing what was going on. Again, it is probable that when very young he had an opportunity of observing a children's nurse in all kinds of desired positions. In the course of this analysis, we were able to reconstitute the circumstances and exact date of his mother's miscarriage. Mr. M. was then about three years of age. No conscious memory of this event had remained with him. No one in his family had ever spoken of it. Only the items his father was accustomed to make in his account book allowed us to verify this discovery of the analysis. The patient, like myself, was amazed at the discovery from certain symptoms. We were also able to prove that a certain number of 'diseases' with which Mr. M. had been affected in his childhood (one of them had been baptized *chorea*), were in reality reactions to his psychic conflicts. Then, not without astonishment, we saw strange phenomena of conversion appearing: Mr. M.'s left ear, for example, suddenly began to run profusely, whilst the right ear showed no signs of activity. Again Mr. M. would produce urine as clear and as limpid as water or he would manifest all the symptoms of a

blennorrhagia, a purulent discharge, pains in the urethra, all, of course, without microbes and disappearing immediately the cause was analysed. The analysis had thus to study a certain number of phenomena which we do not wish to enumerate, each one more extraordinary than the next; but, after almost a year of analysis nothing had changed in the symptoms of impotence. The pollutions continued to occur in the same way, also the ejaculations, and our patient, although very interested in his state, did not seem ready for fatherhood.

Then I decided to apply Freud's theory for the treatment of those suffering from phobias. In short, was it necessary to make a considerable difference between the symptoms of this impotence and certain phobias?

Mr. M., it is true, had during the War been a courageous soldier and had been awarded the Légion d'honneur for his exceptional bravery. But in spite of this courage, like Cyrano, he could not approach a woman without feeling his jaw trembling and his teeth chattering, as in fright. Moreover, we had seen that never once during the four years that he knew his girl friend, had he dared to let her touch his penis or to soil her with his semen. What is more, as it was impossible for him to sleep normally at her side, he only spent an occasional night with her. These are the circumstances in which he had made the acquaintance of this girl: one evening, while driving his car home, he was obliged to stop abruptly; without knowing how it happened, he saw that someone was under his car; he put on the brakes, got out and found a fair young girl whose head was smeared with blood beneath the front wheel. He took her to hospital to receive treatment; such was the chance which

allowed him to make the acquaintance of the one who later became his mistress. A strange friendship it is true, for the two young people have never given each other their addresses and only meet once a fortnight; their meeting place is a little restaurant; each one waits half an hour at the most to know if the other is coming. In case one or the other is prevented, the appointment is automatically carried forward to a fortnight later. Thus four years passed without the least change occurring in their relationship.

One day Mr. M. brings us a dream in the course of which he makes his friend die. To activate his resistances and allow him to bring new material to the analysis, we advise him to spend several successive nights with his friend. This results in his leaving his father's house where, since his father's death, he had normally taken his place beside his mother and sister. This is how the patient follows my advice: he takes a room in an hotel for a month, asks his friend if, as a service in the interests of his treatment, she will come and live with him from time to time. The friend agrees and thus they spend nearly four nights a week in the same bedroom, Mr. M. gets up each morning at six o'clock to go back to his home. Before his mother and sister he pretends to have spent the night in his room, because his eldest brother in whom he has great confidence is the only one of his family who knows anything of the treatment or of the girl. This manner of proceeding made it possible to attack considerable material which had never had the opportunity to come out in the course of the analysis; I was able to resolve the anguish which was preventing the patient from sleeping beside his mistress. But this is not all.

CLINICAL ASPECTS OF PSYCHO-ANALYSIS

The patient finds it impossible to micturate in front of this woman. In general he is very embarrassed when he is naked in front of her. In dreams he makes up for this by an ungovernable exhibitionism. He has every attribute of virility. He is in the thick of all that is going on, acts on the stage and is both actor and audience. I give him fresh advice: I recommend Mr. M. to show himself to her naked and to let her touch his penis. Moreover, I am obliged to explain to him that from the material point of view he could go to a little expense and give her some presents. Until now our patient has restricted himself on this subject, pretending that he did not want to give his friend tastes which she would not be able to satisfy and thus make her unhappy later. My advice caused the discovery of an unforeseen difficulty: the patient tells me that his friend suffers from a phobia, that she has a horror of the male organ and cannot touch it or be touched by it. What can be done? One of two solutions: either change his friend or make his friend change. I advise him to persist with this friend, to interest himself in her difficulties and help her, if possible, by analysing this phobia. Thus our patient became the analyst in his turn and began to do active analysis with, it is true, a technique which was very different from ours. He learns from his friend that she has been violated by her brother and states in a general way that she is suffering from the blow of reactions of self-punishment; she was thrown out of her home and tends to place herself in the position of a woman who is despised, abandoned and ill-treated. But these confessions make her much more confident and one day she tells him that she believes herself capable of doing for him all that he might ask her. The obstacles which prevented Mr. M.

from making his friend touch him are removed. A short time after our patient states that his friend is beginning to become passionate, she caresses him continually and demands normal sexual relations and, not without a certain irony, our patient says to me: 'You see, doctor, I am more successful with her than you are with me; she even reproaches me with being stupid and with doing good to others, since I find it still impossible to reap the fruit of my labours. You will see that she will choose someone else.' Mr. M. was right. His intervention resulted in making the young woman acquire the habit of going out with other men, one of whom, as you will see later, will play an important part in her life. But we intend using this situation for our analysis. Our patient, while suspecting what is happening, does not want to know anything, and continues to frequent his friend. The latter pretends that nothing serious has occurred between herself and the men with whom she goes out: a party of Polish people having a good time, etc. Fresh advice: I explain to Mr. M. his tendency to return to the triangle and ask him to watch his friend closely to see what is happening on the other side of the hedge, as we say symbolically, namely to see if there are sexual relations between her and her friends.

One Saturday evening, the girl was going to the station to wait for one of her Polish friends. Mr. M. knows, but he had taken care to book theatre seats for himself and his sister. He does not want to know anything or see what is happening on his friend's side, and he canalizes his curiosity towards the theatre. I advise him to abandon the theatre and follow his friend. The ulterior course of the analysis proved it: it was this advice to see clearly at any price and employ the means necessary to do this

which allowed us to come to the end of the last great resistances. Mr. M. goes to the station and finds his friend with an elegant young man who has just arrived by train. Our patient follows the couple in a taxi, sees them disappear into a house. A long time after midnight the two had not yet come out. Mr. M. tells me: 'Unless she has met someone like myself, there is no doubt that she has been unfaithful to me.' Nor in the analysis was there any further doubt of what Mr. M. had seen happening as a child in his parents' bedroom. His inhibitions fall away and our patient brings us exact recollections. Everything comes out, his rage, his deception with regard to the woman in his past. But Mr. M. will say nothing of all this to his friend. He wants to keep his discovery secret, saying that he will have a pretext in reserve for leaving her later when he will feel the need, but in reality in order that he may content himself with the present situation and profit from it by observing the coitus of others. More advice from me: I ask the patient to tell his friend everything since only her confession is needed to obtain the certainty which we still want to be able to face everything.

The two explain to each other. The friend denies everything first of all, but finishes by confessing. One evening, she came crying to Mr. M. and related all that had happened, that tired of waiting, she had indeed become the mistress of one of her Polish friends, while continuing to frequent Mr. M., whose existence she had hidden from her new friend . . . but she had betrayed herself and had been thrown out by the latter.

Mr. M. then wonders whether he can under these conditions keep his friend. Fresh advice: I entreat him to continue his attempts with her, arguing that

after all, he had never asked her to be faithful, but only to help him overcome his sexual difficulties and thus provide material for the analysis. Under these conditions our patient decides to go on a journey with his friend, a journey which, you will see, becomes his honeymoon; the emotions of the last weeks have indeed completely changed him: from a reserved person he becomes exuberant, from sceptical confident, from critical and cynical kind and indulgent. 'After all,' he says, 'it is quite natural that she went elsewhere for what I could not give her; it is natural, too, that my parents were not upset in their amorous play by my childish cries.' Mr. M. then begins to picture the family happiness of his psycho-analyst and admits that you can take a holiday even when you do not feel cured. He tells his friend about his life and worries which he used not to confide to anyone. She returns his confidence and from day to day becomes more charming than ever. She confesses to him that it was he who taught her to love and in short that it was for him that she had herself thrown out by the other. In this frame of mind both go away; and, in the course of their first night together, they have normal sexual relations, six or seven times I think, without the slightest difficulty. I shall not quote the details of the honeymoon which was beginning for them, because they would be more suitable as the subject matter of a novel.

On arriving at this point I took care not to consider the analysis as ended, although the immediate aim appeared to be attained. Fresh problems occurred. Mr. M. could not admit the existence of his mistress to his friends and he had not dared to present her to his family. Neither had he dared to tell his family of the success of the treatment. He

reacts to my advice of introducing the girl to his family by new attacks of impotence and by premature ejaculations. It was curious to see how this last part of the analysis which appeared the simplest, was, in reality, the most difficult for our patient; to see also how the resistances could still upset him.

At the end of the analysis Mr. M. begins to enter into relations with girls of his class, because he wants to marry and make a home. His friend receives a proposal of marriage from her Polish friend who claims that he cannot live without her; she, too, would like to make a home. Mr. M. and his friend decide, not without difficulty, to leave each other and follow the path of reason. The girl thinks of accepting her Polish friend's proposition; however, she still wants to wait before becoming officially engaged. Finally, after much hesitation, they continue their life in common.

Unfortunately, as you know, it is rare that things have such a happy ending; and it would perhaps be interesting to study more closely the conditions which allowed Mr. M. to succeed. I might say that his treatment had been facilitated by a particular complaisance of his *Ego* which, at least from a certain moment of his treatment, in no way intended to remain eternally cramped within the narrow limits of erotic satisfactions of which it could dispose. In other words, Mr. M. desired to be cured and intended to do all in his power to succeed. If he was able to realize this desire for recovery he owes it, I believe, to the particularly happy influence of his *Super-ego* and his *Ego* on the *Id*. I will explain: It was enough for him to understand that such and such an hysterical symptom had as its aim to place him before the family doctor in the situation in which his mother had been at the time of her

miscarriage; to understand consequently that this symptom manifested a desire to reproduce an infantile situation, so that the patient would give up utilizing the symptom and exhibit himself to his family doctor for an apparently real cause.

You have to deal with other patients to whom you can explain at great length that the production of such and such a symptom could have for its aim to see such and such a doctor to such and such purpose, to take such and such a drug and seek such and such an effect and that to be able to hope to modify and see the symptoms understood by the analysis, they must renounce such and such a realization. Your advice is not followed and the patient, for example a morphinomaniac, always returns to his satisfaction, finding innumerable excuses to take his medicament and to succeed by his behaviour in ridiculing your advice. With these patients we do not observe the same desire for cure as in those of Mr. M.'s type and experience shows us that their treatment is difficult and often most disagreeable for the doctor.

Should we merely accuse the patient's obstinacy of this or seek a more profound and unconscious reason which would make the patient incapable of goodwill or incapable of utilizing it if it exists?

We have now come to the second chapter of our subject. What is the desire to be cured? What circumstances prevent it from functioning and what favour its development? Alexander succeeded in explaining to us in a striking manner the dramatic part of the different instances of the psychic personality. He told us of the case in which the corrupt *Super-ego* makes itself the accomplice of the *Id* in order to provoke the symptoms; even the *Ego* can in this commerce play a suspicious part. In other

cases it is again the *Ego* which suffers in order to buy the right of scorning the exigencies of the *Super-ego*, etc.

These theoretical ideas which are indeed most precious could perhaps be completed by a little clinical experience and we can ask ourselves to what infantile situation could the corruption of the *Super-ego*, for example, correspond; this, by its severity, could provoke the reaction of the *Id* intentionally and oppose all desire to be cured; we can also ask ourselves if it is not the history of this *Super-ego* which would give us indications on the subject's desire to be cured or not to be cured? I should not like to reply too prematurely to this question by easy explanations. But I cannot help establishing a relation between these facts and certain observations based on our experience. We know, for example, a woman who is in revolt against sexuality, who is masculine and incapable of submitting herself either to her husband or child and in whom we observe the repercussions of this neurosis on the formation of the child.

I now recall a certain case which I had the opportunity of observing for some years. It concerns a little boy whose mother I treated for a severe psychoneurotic state. When the mother was cured I was often consulted by the father who was very grateful to me; I was thus well acquainted with the conditions in which the child developed; his parents' progress completely transformed and cured him of a state which, at times, seemed very serious. He was, at the time when his mother was under my treatment, very ill, as much organically as psychically (excessive attachment to his mother, hostility against his father, total incapacity for working intellectually, difficulty in understanding and concentrating, etc.).

At this time the child was often beaten by his mother who canalized her revolts on him and who, by ill-treating the child, supposedly to make him obey his father, was herself at the bottom the accomplice of the child's revolts against the paternal authority which she ridiculed as an obsessive patient does while scrupulously following all the prescriptions given to her. Thus, in this case and in others, we saw how, in the hands of a neurotic mother, the child can become a means of attacking the husband, instead of being an aim in himself.

With what we know of the formation of the *Super-ego* we can suppose that a subject who, as a child, has undergone such treatment can continue to apply the habits imposed on him indefinitely, with the only difference that it reacts on his *Super-ego*, which is slowly substituted for the parents. Thus a corrupt *Super-ego* could be formed, as were the parents themselves, whose severity would have tended to favour the revolt of the *Id*, the *Ego* then delighting in a neurotic situation suggested as an aim by a neurotic mother or even as a duty; the case is still more striking when it concerns a boy who thus had the doubtful honour of being his mother's weapon of defence against the father. You know the means which a subject of this kind is capable of developing for the struggle and also that the best will in the world will no longer allow him to come out of such a situation; where then should he turn? How can he judge the good and evil? We should first of all be able to judge the parents and understand their neuroses. The situation is inextricable. The *Id* has become accustomed to use craft to escape the enterprise of the parents first of all, and that of the *Super-ego* afterwards; hence, extremely complex neurotic reactions, sometimes very serious, in which the

subject always rationalizes his difficulties by projecting them into reality. You know how real difficulties can be thus utilized by the neurosis which evokes them and finally joins them. This is why *a priori* it is so difficult to know if it is a real difficulty which causes a given neurotic reaction or if the subject uses the difficulty in order to cultivate the neurotic reaction.

We have now come to another problem, that of knowing how the action which we can have on a subject's real difficulties will allow us to develop in him the desire to be cured. I should like to add that the desire to be cured or not to be cured must be analysed; our eventual action on the patient's real difficulties will only be efficacious if it allows him to bring to the analysis the material necessary for the analysis of the desire to be cured.

NINTH LECTURE

SEXUAL FRIGIDITY IN WOMEN

SEXUAL frigidity in women is a symptom which is generally neurotic and often observed in practice. It is usually combined with other more or less apparent symptoms by which the neurotic conflict from which the subject is suffering is made evident. The aspect of these symptoms can be very different and give rise to the most complex diagnoses. Frigidity can be combined with the symptoms of an obsessive neurosis, a phobia and with the anxiety neurosis. It is observed in certain character neuroses or in the neuroses which we call failure neuroses. We also find it in organic neuroses in which the psychic conflict is revealed by somatic disorders. Finally, it should be constant in the majority of psychotic or prepsychotic states. In many cases frigidity seems to be the only symptom of a neurosis; you will then readily make the diagnosis of sexual frigidity. However, a more profound examination will quickly inform us of the true diagnosis; in this case we usually have to deal with fairly complex neuroses, the majority of whose symptoms are well tolerated by the subject and consequently pass unperceived, except for that of sexual frigidity which is not accepted and is capable of haunting the patient. It also often happens that sexual frigidity is ignored and endured without any apparent

disorder. The number of women affected by it without being aware of it is considerable. And the intervention of a qualified person is usually necessary for these women to become conscious of this symptom, its significance and possible repercussions on their general state, family and children.

Sexual frigidity in women can be total or partial; it can also be elective and only exist towards certain people.

All psychic neurotic conflict and all social censure ending in the repression of sexuality and in regression to an infantile stage are capable of repercussing in different degrees on the function of the orgasm. We can therefore say without fear of exaggerating that this function is disordered in all the neuroses. It is difficult to indicate from what time and with what intensity this disorder is manifested in women by what we call sexual frigidity. Owing to a certain limit in his tolerance, the patient is always obliged to become conscious of this disorder by stating his frigidity. We say total frigidity when it exists as much during masturbation as during normal sexual relations. It is revealed by a complete insensibility of the woman in the course of the sexual act. If this insensibility is only limited to normal sexual relations, but yields to masturbating practices, we say that frigidity is partial. When it only manifests itself towards people of a certain category, the husband in legal conditions for example, and not towards other people in illegal conditions, or again as is often the case, towards people we love or esteem, whereas it cannot exist towards inferior people whom we mistrust, then we call it elective.

From our psycho-analytical point of view, we can speak of frigidity even in cases in which it does not always appear to manifest itself, for it can be

expressed by a capricious sensibility ending in an incomplete orgasm which the woman or doctor who is insufficiently warned can take for a normal orgasm. The orgasm is affected to a more pronounced degree and does not procure a free sensation of pleasure. In this category I think the cases quoted by Hesnard in his article on false frigidity should be placed.

The function of the orgasm is usually complex, and in my opinion, the disorders which it can produce without their being called manifest frigidity in women or a real impotence in men are numerous. One woman seems to succeed in having a normal orgasm, but instead of reacting to it by a feeling of satisfaction and happiness, she has an attack of anxiety—or a severe attack of feelings of guilt. These two reactions of a neurotic character are capable of making the woman want, of her own free will, to struggle against sexuality and the orgasm. She does not suspect that this desire is the very symptom of an unconscious psychic conflict, capable of altering the quality of the orgasm, the latter only functioning if utilized as a moral suffering and torture. Another woman, by refusing the orgasm, believes she is satisfying imperious, religious exigencies and does not realize that these exigencies are often but a rationalization of a neurotic attitude.

To understand thoroughly the sense of sexual frigidity you must, of course, have thoroughly analysed the conflict of which it is a symptom. In this realm you must beware of your impressions, and not accept the affirmations of those interested without proof. The conflict generally dates from childhood, as do most neurotic conflicts, but it can undergo modifications for good or evil from the influence of circumstances. We know that it is

related to the inhibition or stopping of normal sexual impulses which, at one time of the affective development of the individual, were fought against as if they were dangerous and capable of making it sink in this conflict. The contra-impulses going on in the opposite direction of normal sexuality can end in the creation of a barrier entrusted with protecting the individual and frustrate more or less totally all affective and normal sexual evolution. The sexuality thus stopped by this barrier remains infantile and goes partly in a direction opposite to that of normal. Owing to this fact, the individual enters into opposition with himself. He turns his back on his normal development. This is made clinically evident in the affective domain by what we have called, with Claude, the affective bipolarity, and, in the sexual domain, homosexuality, which competes with normal sexuality and is expressed in different ways, but always by disorders of the function of the orgasm. In women these disorders are revealed among other symptoms by frigidity.

We may wonder to what degree this neurotic conflict could be the result of hereditary factors which have intervened to train the individual against himself, arrest or stop his normal development and make him deviate in the opposite direction. It would indeed be absurd to deny the possibility of their influences, but knowing the degree to which they intervene is another question.

In practice we have, therefore, to deal with three categories of frigid women:

- (1) Women with a character neurosis which is more or less apparent and dramatic;
- (2) Frigid women without apparent neurotic symptoms but who complain of frigidity;

(3) Frigid women who are unaware of their state; they can be unaware of their neurosis, or for social reasons, of the very existence of the orgasm.

It is, of course, the frigid women of the first two categories which we have to treat most often.

In cases of neuroses with circumscribed symptoms the treatment of frigidity is practically one with that of neurosis. We may wonder if there is a form of frigidity corresponding to each form of neurosis; it is difficult to reply to this question. However, we have the impression that total frigidity is rarer in the obsessive neurosis. Obsessive patients are generally clitoridians in whom, I believe, the orgasm does not occur by normal sexual relations but rather by masturbating procedures practised either solitarily (onanism) or with men or women. Latent or manifest homosexuality is very pronounced in the obsessive neurosis and in obsessive women the orgasm is the function of sadistic representations in the course of which they play rather the part of the man and refuse to accept what is theirs. It would, therefore, for obsessive patients of this kind, be a question of partial frigidity; in other cases, we can speak of elective frigidity. The orgasm cannot then be attained in the course of the act except by relations with men which correspond to fixed physical and psychic conditions.

We know cases in which obsessive patients attain the orgasm if they are dealing with men younger than themselves, beardless, fair-haired youths, with soft, white skin. For other women the act must be accomplished with men of an inferior social condition, or again, with effeminate men, possessing some kind of defect, either physical or moral and practically deprived of their virility and combativeness.

What is common to all cases of elective frigidity is that the woman feels herself superior to the man. In the course of the act she feels the need of taking the upper side while the man is beneath. Sometimes these conditions are realized by the marriage of a rich woman with a man who is less prosperous and her inferior.

In the light of psycho-analysis we usually see that in these cases of elective frigidity the man is simply substituted for a woman. Here again it would be a question of partial frigidity. In obsessive patients we encounter total frigidity, too; but it is relatively rare. Let us not forget the cases in which the woman to attain the orgasm needs to appeal to phantasies of a very determined nature. The most common representation is that in which the woman imagines herself to be beaten or violated; it is this representation which governs the fulfilment of the orgasm—with or without the intervention of the man. We can therefore say that his part in the accomplishment of the act is rather secondary. It is the woman herself who, by the performance of her representations, commands the orgasm. Sometimes, her representations are rather more complex. The woman sees herself in prison, shut up with a thief who uses her with violence. Voluptuousness can also be obtained by the representation of a whipping, that of a boy, for example. Or again she must, in order to succeed, think of wounds, blood, accidents and sometimes violent death, namely murder. Often in these conditions the sensation of the orgasm is mingled with pain which is capable of replacing the orgasm more or less totally. In the cases of total frigidity the woman's behaviour is often characterized by the need of procuring for herself violent, grievous sensations. Among these women

there are some who undergo an operation for the least thing and the surgeon who does their bidding hardly suspects the business to which he is lending himself. Sometimes it is an operation of aesthetic surgery which serves as a pretext, an operation capable of being frequently renewed. Operations on the breasts are particularly desired by these women. And the analyst has little difficulty in discovering behind these desires to be operated upon ideas and attempts at castration realized by the person interested on her own body. The number of women who are thus operated upon is considerable. A good means of attaining this object is to have miscarriages at regular intervals. We know of women who have ten or more miscarriages and always with the same intention, with the same emotions and sensations. This need of realizing unconscious tendencies in a bloodthirsty manner is perhaps more frequent in patients suffering from anxiety and obsessive patients. Here we have to deal with another category of patients whose exterior behaviour in no way recalls the scrupulously meticulous, orderly and kind character of obsessives. Delicate, pale, diaphanous women—often very pretty—belong to this category. They are distinguished women with controlled and measured gestures and slow of speech; they only say what they have to and the grace of their body and their movements appears rigid and mechanic. They seem to be made of china and are as hard as it. Their beauty is reminiscent of a crystal.

Some of them are addicted to drugs and not to the surgeon's scalpel. These are used as a weapon of torture, as much by the need of the drug as by the measures of disintoxication. You do not generally think of establishing a relation between the need of intoxication of these women and their sexual

frigidity. It is, however, this which is the cause of their need, the latter being only an effect.

In the cases of frigidity without apparent neurotic symptoms, the woman will often use conjugal difficulties as a means of torture or again she will train the child to cause her unhappiness. Here we touch upon an effect of sexual frigidity which has up to now been little studied, that of frigidity on family neurosis. The origin of a number of familial neurotic symptoms must be sought in frigidity. These symptoms are observed in different degrees, not only in women but also in their husbands and particularly their children.

We have already spoken of the tendency of certain obsessive patients to have relations with men who are their inferiors and are afflicted with a physical or moral defect. We know what this inferiority signifies for them, but it must be added that in everyday life it often causes conjugal tragedies.

One woman, energetic, fond of sports and rich, accuses her husband of wasting her fortune by gambling, of entering into unsuccessful business deals by using dishonest methods, and of leading a suspicious life with doubtful-looking individuals. Another will complain that her husband is alcoholic, homosexual, pederastic, or again, lazy, neurasthenic or affected with an organic disease, that he suffers from heart disease or tuberculosis. And, in these cases, the woman does not usually suspect that she has chosen her husband precisely because of his defects. And they are numerous, the women who need to be exploited, humiliated and deceived and would not forgive the man if he behaved otherwise towards them. They claim the part considered to be more advantageous of the stronger sex, without suspecting that they want it more than

anything, especially in the eyes of their children. The latter, in such a family, are often in a difficult situation. The maternal neurosis signifies for them: fixation to the mother, prohibition to free themselves from her and follow their own inclinations. This always reacts in a more or less evident manner on their affective development which remains arrested in an infantile stage. For the same forces which determine an attitude contrary to the normal development of sexuality in the mother are opposed to the normal developments of the child. And these forces act with more efficaciousness since they are being exercised on a little baby whose development they are trying to thwart. Women suffering from neurotic frigidity have in general a horror of excrements and in the same way a horror of the sperm. This horror is revealed by a hostility towards all normal evacuations of the child. It is rationalized by an excessive need of cleanliness which often goes in the opposite direction to the object in view, by not allowing the child to satisfy as he should his natural wants. And before they can sublimate themselves, these needs demand satisfaction. The faculty of expressing himself is first of all revealed in the child by that of evacuating his bowels. A neurotic inhibitive attitude on the part of a frigid mother makes the child constipated with all the repercussions that this state can have on his ulterior psychic behaviour. This maternal attitude determines moreover a feeling of guilt which hinders all the child's natural wants and which can go as far as to deprive the individual of the normal use of his gifts and means. The child's difficulty in freeing himself from this state of things is generally greater according as the father's part is more lamentable and ridiculous. For does it not rest with the father to give a mascu-

line ideal to the son and to the daughter the possibility of freeing herself from her mother and evolving towards man? If, unfortunately and as it often happens, this father has sometimes a spurt of energy and desires to change things if only for the sake of the children, he risks making his wife a merciless enemy who is capable of using every means to thwart him. And this woman in her determination to fight to the last against her husband will, by proclaiming an elevated ideal, know how to justify her way of acting in her children's and her friends' eyes.

The number of these tragedies is much greater than one would believe and the victims of this form of sexual frigidity among women, namely the husbands and especially the children, are countless. In certain cases this frigidity leads to the destruction of the home, the husband and the children. Let us add to complete it that the man who is the victim of this situation chose his wife for the same reasons as those which we mentioned above and which dictated the choice of the husbands to the women. The sadistic woman represents the ideal of the masochistic man. If he were without her he would be obliged to create her; also we often see a husband, freed from a wife of this kind either by death or divorce, replacing her by another exactly the same. Fortunately the picture is not always so dismal. In many families a fairly acceptable equilibrium is finally established. The wife can care for her husband when he is ill with much devotion, feigning a perfect love, particularly if he agrees to remain ill, sensitive and delicate always, and gives up all exterior, virile undertakings; this would not prevent him from becoming an artist—a writer or a painter—or a talented intellectual. When sexual inversion exists

in this form it often favours artistic and even scientific sublimation.

Sexual frigidity in the woman is often necessary to certain men in order to abreact their feeling of guilt and need of punishment which accompanies their own development. Without it they could not have created a home, nor have accomplished the sexual act. Without Xanthippe, Socrates might not have existed. And certain particularly attractive types of the human mind are only found in men whose ideal is a cold, virginal woman, the Immaculate Conception. On the other hand there are women in whom frigidity favours intellectual sublimation. How many women among doctors, lawyers and chemists, so numerous now, keep on their career because it allows them to maintain a husband and children, as a man maintains his family! Their situation is much more difficult if the man does not conform to their plan. The relations between man and wife then take on the aspect of a struggle which often ends in the disappearance of the man (by divorce, disease or suicide), or in that of the woman, unless she succeeds in becoming submissive. This struggle constitutes the danger which at the present moment so frequently threatens the unions between men and intellectual women. This danger is perhaps conditioned by our social organization. This separates women from maternity by putting them in professions which make them the rivals of men and enemies of children. All we are doing here is exposing the problem and showing its complexity which again to-day forbids us to recommend simplistic remedies. Our experience in this realm is still too recent and only just allows us to envisage the different aspects of the question, aspects which must be taken into account in each particular case in

order to know in what direction we must intervene.

Family neurosis takes another form in women suffering from anxiety, whom frigidity pushes towards the surgeon and of whom we have already spoken. This kind of woman chooses by preference a husband who is a brute and who tortures and ill-treats her. If necessary she provokes him so that he is mad with her and appears like an executioner; she wants to find in him the equivalent of what she seeks in the surgeon. Here again she reserves for herself the fine part of victim. A fairly profound analysis will quickly reveal that it is only an appearance to mask the true situation in her own eyes and those of her friends. In these cases the man is only an instrument which the unconscious of these women uses as a plaything to execute its designs. He seems to be persecuting them and not the reverse. These women in a certain way buy the right to realize their hate of man by giving this hate a signification, by justifying it by the comedy which they put on the stage. The child is also used in the same way. One mother will make a thief or a robber of her son so that he will abuse, exploit and ruin her. Another will push her daughter towards prostitution in order to be betrayed and denied by her. The conflicts thus created can assume very complex aspects, but they always end in the same result: the mother wants to become wretched through her children's fault and for them. However paradoxical this may seem, she has only conceived them for this object.

I need not tell you that the feeling of guilt and the need of punishment play a considerable part in the elaboration of these symptoms. We cannot in the limited frame of this lecture insist on the psychogenesis of this symptomatology. We are confining ourselves to the description of the principal clinical

SEXUAL FRIGIDITY IN WOMEN

aspects or, if you prefer, to the manifestations which concern sexual frigidity. It is superfluous to underline the necessity of knowing the evil in order to find it out in time and fight and check it. The medical practitioner is unfortunately as ignorant as the patients and his education is as much neglected as theirs. We can never insist enough on the fact that frigidity is the symptom of a grave state, which even though it is well endured by the individual, represents no less serious a danger for the surrounding people.

The affectivity of the frigid woman seeks satisfaction not in the contact of a man, but by means of a real organic disease. We have often seen colibacillosis serve this purpose, also metritis and generally all the affections of the urogenital system of the woman or again those of the gastro-intestinal system and even venereal diseases which they nurse with devotion. We know a frigid woman who only felt herself relatively appeased and free from her agitation after having contracted what she called 'trinity.' She meant blennorrhagia, soft chancre and syphilis to which this patient opened all doors, sacrificing a good social position and a fairly good education.

However illogical this may appear the refusal which a woman opposes to sexuality can be the consequence of her fear of death. We insist on this aspect of the question. It explains to us why women can behave towards the sperm and man as towards a noxious microbe which they must destroy to avoid being destroyed by it. In reality the mechanism of defence, namely neurosis and frigidity risk being more dangerous than the evil which must be opposed. According to Gribouille, women flee before the sperm and children until death. This flight is nothing but the neurosis in some form or

CLINICAL ASPECTS OF PSYCHO-ANALYSIS

other revealing the struggle by which the individual refuses to let herself be subdued for the profit of mankind.

These states are not characterized only by their repercussions on the individual but also by their social repercussions. This fact shows that, besides the doctor, they also interest all those who desire to watch over the health and happiness of individuals and communities, to begin with: the educators.

TENTH LECTURE

THE CARMELITE NEUROSIS

WE have often shown how necessary it is to describe the different clinical types of neuroses. These psychological types greatly overflow the limits of the ordinary classification which is proving to be more and more insufficient. They correspond to states which neither educators or even doctors know well enough yet. We wish to make them accessible to medical and social action by trying to isolate those that occur so often.

The type which we wish to describe here is that of the masochistic woman to whom we have given the name of 'carmelite of the neurosis.' We have already alluded to it in the chapter on frigidity in women.

When you try to become acquainted with the life history of these patients, you learn some strange things. With a charming smile they will tell you that life has been a cruel suffering for them. While young, they became orphans either of father or mother, or else their parents were divorced and they had no father because a court for the welfare of children entrusted them to their mother. She, however, was odd and unbalanced. These patients may also be illegitimate children, not recognized by their father, or again the fruits of adultery. As children they were ill very often; but, in spite of their

'incarnations' they have worked fairly well and followed their classes. However, their education is generally incomplete because they have changed schools too often as their mother could not stay long anywhere and because they have spent their childhood in different parts of the country going from one hotel to another. Their sexual life usually begins fairly soon, not from need but from a little adventure with a girl or from the seduction of one of the mother's lovers. The girl ends by being more or less bruised or violated from these experiences to which she has passively submitted. In boarding-school there may perhaps have been some incidents with other pupils or even fairly often with a member of the staff, after the manner of the heroine of *Children in Uniform*. At puberty the child is scarcely developed; she is anaemic, delicate, with that particular characteristic of fading flowers, of life that is extinguished without power of expression and of the spring during frost. Often at this time strange dislikes appear with the first periods: dislike of food and particularly meat; they find a pretext for only taking one meal a day. If they eat with the family they try and throw the food away secretly. We know cases of young girls who felt themselves forced three or four times a day to vomit all the food they had absorbed. Then they dislike seeing themselves growing up and becoming mature; the periods are often painful and depressing, but they suffer in silence. They tell no one of their dislikes or of their strange ideas on life. The first sexual adventures only leave disgust, but these do not prepare them to resist the next, on the contrary. Although insensible to the most elementary physical emotion, they frantically throw themselves into new adventures which they provoke with a morbid

passion and with that secret and atrocious desire used to exercise one's charm on the people around, to make them take advantage of you. These girls soon discover this charm. It is composed of numerous elements cleverly dosed to obtain the required effect: the voluptuousness connected with the nostalgia of death in a person; the disdain which is shown of death and with which you affront it to make it human; then this effect which suffering has on certain individuals: sometimes far from inspiring pity it arouses the most ferocious rage, a furious desire to make these wounds bleed and quicken them. These girls therefore act above all on sadistic persons, either men or women, and with this affectivity they enter upon the great adventures of their life.

When they are ill it is exceptional for them to consult a psycho-analyst or even a doctor. Most often they have recourse to a surgeon with the unconscious aim to be operated upon and mutilated; these tortures make possible and even release sexual enjoyment. Often intervention is sought after intentional abortion.

This partly explains why you so often find these patients associated with brutal men and women who exploit, humiliate and drag them in the mud; you also find them prisoners in brothels or again in certain convents, provided that the rules allow them to mortify themselves. You also find them gamblers and drug addicts, provided that they are given the opportunity of ridding themselves of everything and of living on the edge of an abyss which at any minute may engulf them. Or again, you find them prisoners of a disease which separates them from their family and obliges them to live in a sanatorium (again the idea of the brothel or prison). In

these cases the favourite disease is pulmonary tuberculosis; it procures the ecstasies of a consumptive body and ends in death amidst an exaltation which is sometimes extraordinary.

When these patients come to be analysed they are generally sent either by a friend who is trying to save them or by a surgeon who has finished by doubting the utility of his efforts. Unfortunately, at the present time, the majority of doctors are unaware of this pathogenesis of numerous cases of tuberculosis and do not realize that they are being manoeuvred by a patient for whom tuberculosis is only a means of cutting himself off from life. Far from helping the doctor often becomes in these cases the patient's involuntary accomplice. We thus know patients who, after having sacrificed all that a human being can sacrifice to the scalpel, have resigned themselves to follow a psycho-analytical treatment. Again in these cases the symptom which has given rise to surgical intervention is generally neurotic: they are diseases of the liver and the stomach. Surgical intervention is often characterized by the fact that the wound festers and God alone knows how these patients succeed in maintaining their wounds as if purposely.

The great mass of prostitutes who are exploited by their superintendents and by their patrons also escape our influence and also those women who have found their Moloch to whom they sacrifice themselves in a religious order. The sexual life of these women is quite irregular; some are aware of this, but others hardly suspect it and endure their martyrdom with an almost religious resignation. And this is why I propose calling this type of neurotic patient the 'carmelite of the neurosis.' It is again Dostoiewsky who has given us the best description of

them. Let us recall little Sonia to whom Raskolnikoff* confessed his crime. It is not only by chance that Raskolnikoff chose Sonia. The carmelite of the neurosis is the complement of the paranoiac neurotic patient. By uniting, these two types create one of the pestilential homes of human misery. These two forms of neuroses induce the individual to associate with each other, as we illustrate in the chapter on the family neurosis. They associate with each other not to construct but to destroy.

Dostoiewsky, that great psychologist to whom we have so often to refer here, gives us a poignant description of this kind of family: Sonia's family. The father, a drunkard who only succeeds in expressing his feelings—and sometimes most brutally—if he is drunk, the mother tubercular.

All this shows us the advantage of knowing the cause of a complaint which is much more widespread than is generally believed and to which so many doctors and educators are blind, or else treat it with scorn.

What psychic conflict do these manifestations reveal? Let us study the sexuality of these women more closely. Usually these women are frigid; the orgasm only occurs with phantasies of being beaten, tortured or violated. I again quote my work, *Concerning Frigidity in Women*: 'The most common phantasy is that in which the woman imagines herself to be beaten or violated; it is this phantasy which governs the release of the orgasm, with or without the intervention of the man. We may say that his part in the accomplishment of the act is rather secondary. It is the woman herself who, by the performance of her phantasy commands the orgasm. Sometimes her phantasies are rather more

* See Dostoiewsky: *Crime and Punishment*.

complex. The woman sees herself in prison, shut up with a thief who uses her with violence. Voluptuousness can also be obtained by the phantasy of a whipping, that of a boy for example. Or again she must, in order to succeed, think of wounds, blood, accidents and sometimes violent death, murder. . . . The analyst has little difficulty in discovering behind these desires to be operated upon ideas and attempts at castration which the person works out on her own body. The number of women who are thus operated upon is considerable. A good means of attaining this object is to have abortions at regular intervals.'

We know of women who have abortions ten or fifteen times, always under the pretext of not being the cause of a child's misfortune in bringing him to life, but in reality with another object which you now understand. To what does this attitude correspond? It is easy to connect it with a feeling of guilt which sexuality, men and children inspire in these women. When these symptoms are thoroughly analysed it is clearly seen that these women have a horror of men and behind their angelic submission you discover a revolt. In reality these women have become masculine; they are homosexuals who have never accepted men or children. We see them compete with men, sometimes in a fierce manner; their hatred is not openly expressed, it acts in a magic, occult manner. These patients are fixed on themselves or on their mother, whose behaviour they reproduce. Also many among them, who seem to be the most sacrificed and victimized, are really pitiless brutes to their husbands and children. In case it is necessary, if the man they have chosen for the part of executioner does not lend himself to the game, they try to force him by subtle and unbelievable

manoeuvres. Nothing must resist their thirst for torture; when they have money they use it to buy bad men whose victims they wish to become; or else they choose surgeons who do not only cause them the desired suffering through the operation, but give them also the satisfaction of having been exploited and of having known how to force the man to undertake this business. In these cases the operation always evolves in an abnormal manner, even when it is indicated, because it is put at the service of the manoeuvre which aims at making the doctor or the surgeon—and thus man—powerless. Does not this hatred of men, this need to dishonour them, correspond to a need of punishing them? Before operating upon a patient of this kind you should make a second examination. There are some who even use the most ordinary complication to die. This hatred corresponds to a negative Oedipus complex, with fixation to a pre-Oedipus stage. These patients are daughters of neurotic mothers; they are themselves victims and we are now going to see that their diseases and manoeuvres are a necessity and that they were originally a means of cure, however paradoxical this may seem. Their mothers were masculine, very active, intellectual and sadistic women, belonging to the class of castrating women, such as Leuba and I have already described. Or again they were also carmelites of the neurosis or patients crushed by the cares of life, unfit to look after their children in a normal way. Some of these mothers have not even nourished them: they were incapable of it, from lack of milk, as is so often the case in a neurotic woman. Sometimes they are bent upon nourishing the child and it becomes an excellent opportunity for suffering: painful breasts with cracked nipples. Or again these women have

particular ideas concerning the diet of their children. Neurosis and theories of alimentation will provide us with a separate chapter on this point.

It is well known to-day up to what degree irregular sexuality reacts on all satisfactions and tends to make even the satisfaction of eating seem guilty; it is also known that for the person who has not accepted normal sexuality the act of eating becomes an equivalent of the sexual act: the same spasms can occur with regard to both. Evidently, in regard to nourishment, you can, by the help of contemporary theories on alimentation, rationalise these dislikes. The same use can be made of vegetarianism as of religion: you can use it to torture yourself, to forbid yourself to eat, to refuse nourishment, to destroy yourself; this is the case of several vegetarians whom I know.

Let us look at yet another aspect of the problem: the relation between the neurosis and cleanliness. You will try in vain to find normal behaviour towards the child's excrements in these neurotic mothers who are disgusted by food. They hold these excrements as much in horror as they do sexuality, if not more still, and, under the pretext of making the child clean, they submit it to all kinds of tortures. Feeling that aggressiveness and a sadistic instinct is weighing upon him the child will be a marked victim all his life. All his life a force will prevent him from accepting the normal development of things, all his life he will remain a prisoner of this prohibition, of this impossibility to appreciate things at their right value.

This non-acceptance of the child by its mother, the consequence of an irregular sexuality, results in the child always seeking maternal love. It is impossible for him to live without this love and he is forced to

accept all kinds of suffering to avoid losing his mother. Hence this need of concluding a pact with the suffering to adapt oneself to it and love life in spite of the suffering, sometimes because of it; for is it not a means of telling the woman who is repelling this child: don't you see how miserable I am, show me some pity, some understanding and the affection to which I have a right? Is this not the means of bringing the mother back to the cradle, she who, under the subtle pretext of philanthropy or studies, engages in all kinds of extraordinary activities, runs here and there and abandons her child? We see, therefore, that the child's disease becomes in this case a means of re-establishing the link with the neurotic mother. From fixation on such a mother there naturally proceeds the need to keep her, the impossibility of separating from her and accepting this separation which becomes necessary one day, so that the individual can live independently. When this separation is produced by the force of circumstances it always arouses traumatism and appears as an injustice. The child has not been made accustomed to accept and endure this moral weaning. It accepts it to please its mother, it does not accept it when its mother uses it to make it suffer, to abandon and humiliate it and this explains why these 'carmelites' later, when they have lost their mother, always tend to substitute other individuals for her, either men or women, who play the same part: the man torturer is therefore in these cases substituted for the mother. And this is why these patients, homosexuals who are not conscious of their state, so often choose homosexuals, perverts or men affected with Raskolnikoff's neurosis: paranoiacs.

The paranoiac man has not been able to develop

normally under the influence of a castrating mother and a father who avoids women: he has become the enemy of women. These are the men with a thirst for greatness; they devote themselves to all kinds of theories and become the slaves of these theories (Raskolnikoff wanted to do as Napoleon did: Napoleon is eternally pursuing fanciful ideas), and are unhappy once they have succeeded. You find these men amongst business people, always planning, developing their business just as a woman would deliver a child. They hate women and everywhere a woman has an opportunity of expanding they persecute her, only allowing her to live freely when masculine, she responds to their homosexual needs. The suffering which these women seek through contact with these men becomes a means of buying maternal love; but the same situation always recurs.

In convents it is the mother superior who often plays the part of mother. In brothels it is the superintendent of the house. The women who in these houses yield to every caller do not in most cases feel any attraction for the man: they are martyrs, branded women. For a long time doctors attending them have been struck by the fact that the great majority of them are frigid.

Men as men and children as children have scarcely any place, therefore, in the affectivity of these patients; their only value lies in their being instruments of suffering.

The physiological functions of these women are profoundly irregular; their internal secretions are disturbed and their intestines are in a bad state. They suffer from visceroptosis and kidney troubles, bad nutrition of the skin and they have numerous trophic and vaso-motor disorders; their urogenital

system is vulnerable; they are subject to fibroids, they suffer from dysmenorrhea and sclerosis of the ovaries; they often suffer from coli-bacilluria; ovarian secretion is abnormal and there is lack of vaginal secretion in sexual relations; this symptom naturally provokes disinterest in the sexual act in the man which the inexperienced mistakes for impotence. The entire organism of these patients is somewhat infantile and unfitted for the functions of adult organism.

The treatment is usually long and difficult. It lasts for years and can only succeed by bringing to the individual the understanding which he did not find in his mother. The analyst has to correct the maternal attitude. This task is not easy because the disease has not only become a means of re-establishing the normal link, it has become a means of revenge against the mother. The homosexual fixation is therefore very strong and also the tendency to use the disease as the equivalent of virility. To unravel the tangled skein of these reactions, to bring the patient to renounce his disease, re-establish the harmonious operation of an organism warped in its elementary functions, all this demands much patience on all sides. I know of cases in which the periods only reappeared after two years' treatment and only became regular after three years. Because of these difficulties the prognosis of treatment should be reserved. It depends first of all on the nature of the case and next on the analyst's experience. The outlook is favourable if nothing is upset and if the organism is given the time to return to the functions which have been inhibited for a long time. Slowly you see the homosexuality disappear and the contact with a normal sexual life operating. This treatment is extremely

complicated; if it is a necessary evil it can, however, be said that it is not rational: you should be able to avoid it.

The women affected by this disease or the castrating mothers of whom I have spoken are unfitted for marriage and unfit to produce children: they should be prevented from marrying or, if they have children, these should be committed to the care of well-chosen nurses. If treatment is not possible they should be persuaded to enter a convent where they might find a sublimation which would exclude them from the danger of being mothers or wives; they can also be directed towards intellectual activities. But we must above all train the educators.

My colleagues often reproach me with what they call 'the bee in my bonnet.' I maintain, however, that psycho-analysis will or will not be pedagogical. The day when we can intervene from infancy, protect children from suffering and anticipate the damage, we shall act with much more efficacy than at present.

ELEVENTH LECTURE

THE FAILURE NEUROSIS

THERE is a form of neurosis, the failure neurosis, akin to the masochistic neurosis, which we have called 'the carmelite of the neurosis.'

In this form of neurosis we place all the types belonging to a category of neurotics to which Freud has drawn the attention of psycho-analysts in a little paper entitled: 'Those who fail in success.' Many people do not appear to manifest neurotic symptoms as long as their careers do not approach success, but once they reach success it is different. Many symptoms can arise which make success impossible and which can force the individual to return to his former position.

These types of neurotic patients have since then been more closely studied, particularly I believe owing to the works of Reik, who has written a very fine book on the need for confession and the need for punishment. He pointed out in particular how criminals, after accomplishing their deed, do unconsciously everything to denounce themselves, something like Raskolnikoff, the hero of *Crime and Punishment*, Dostoiewsky's famous novel. Reik showed how this need of balking oneself of the benefit of the crime, of denouncing oneself, this need for confession, was connected with an unconscious need for punishment and he has made us understand in

what measure it could prevent the accomplishment of certain acts, not only in criminals but also in normal people.

Thanks to this work and to the works of other authors we have succeeded in obtaining a wider knowledge of the type of failure neurosis and in isolating it sufficiently to allow us to speak of it to-day as a particular entity, distinct from other clinical entities. In general the failure neurosis is characterized by the appearance of neurotic trouble in an individual when he attains success, whether this success is of affective, material or social kind. It is therefore connected with the development of the personality, a development which it would oppose, once it arrived at a certain point. It would strike all the domains of activity with sterility the moment they exceed a certain limit. These different domains are struck in a very different way. In some it is rather the affective activity which is affected, in others the social realization. Some are interested in the development of their sexuality when their intelligence seems integral and they are capable of succeeding in their examinations in an exemplary manner; in others it is the intellectual activity which appears inhibited, their affective activity being freer. In certain cases it would seem that the affective failure is compensated by a material success and vice-versa; in reality this seems to me to be only apparent because a psycho-analytical study of these cases shows that all the subject's activity leading to the realization of his aptitudes is usually more or less in a position of failure, this failure being more or less masked.

Consequently it is a question of agreeing on the word success, for an apparent success in business for example does not always correspond to a real

success. A certain individual displays a prodigious energy in an enterprise which seems to be developing marvellously; he devotes the whole of his time to it, the whole of his life even; the material result of his work appears important, the branches of his bank increase, their organization seems perfect and yet no one suspects that the promoter of such a business is capable of becoming a total bankrupt and of totally depriving himself by numerous reactions of the fruits of his work. We can quote in this regard a name which was much discussed some years ago: Kreuger. Another means: a colleague is chosen who will put it into bankruptcy or it is so arranged that a threat weighs upon the business: the drawing up of statutes, clauses of contracts, undertakings capable of annihilating all efforts at a given moment. Or again he may expose himself to useless risks in which there is more chance of going bankrupt than of success and his balance sheet reveals the impossibility of success. Often these individuals incur debts in proportion to their success in order to compensate their success; everyone knows of their success but is unaware of their debts. Looking at things from the outside nothing is apparent; no one is justified in doubting success. In the affective domain it can be the same. One individual seems to have the most perfect union with his wife; but she is ill, frigid, obsessive and no one suspects the quarrels which occur behind the scenes. Another, quoted in our work on the 'family neurosis,' chooses a companion who martyrizs and humiliates him.

In other cases it is the call of the disease; in this class the fatal part is awarded to some venereal disease or to any other disease to which the person exposes himself at an opportune moment. The perfect disease again in these cases is pulmonary tuberculosis.

Among the social difficulties most frequently used for failure we find unfortunate speculations, ruin by roulette, baccarat, poker, the pursuit of quarrels with the law by becoming implicated in offences or crimes. It is frequent nowadays to hear or read in newspapers of complications of this kind arriving in such and such an affair, and we do not suspect the number of times in which the failure neurosis should be taken into account even in political and social affairs. All this shows us that the failure neurosis can give rise to an extremely complex symptomatology in which it is difficult to make any discrimination between what is due to the neurosis and what is due to circumstances. What every case has in common, whatever their complexity, is the slow and progressive appearance of the symptoms, according as the individual's success becomes perceptible, whereas these same symptoms were non-existent at the beginning of his career, as long as his successes were modest.

It is needless to state that these symptoms are, at the bottom, the same in people of both sexes, although the symptomatology in women is revealed by complications peculiar to feminine activity in connection with the genital function. Failure in women can manifest itself by successive abortions, by procedures which harm the physical or psychic development of the child who can then become an instrument of deception and torture.

In practice we observe fairly often the following case: a woman has been frigid for years; one day, following on a modification of her affectivity, this frigidity brusquely ceases; she enters into possession of an aptitude of which, up to the present, she was unaware. This woman then reacts by the worst difficulties and vexations to this disappearance of the

frigidity for which she was not prepared. She will throw herself into equivocal adventures of perverse appearance and which tend to do little else but make her fail in her home and make her incapable of producing children with her husband, or, if she has any, of humiliating and destroying them. Other women, who have had the revelation of their sensibility through contact with a lover, when they were married to a more or less potent man, turn towards the latter. They persist in having children by this husband to whom they were sexually insensible, children conceived solely with the object of making them instruments of punishment and torture.

To understand the development of all this symptomatology better let us refer to simple cases which anyone may observe in everyday life.

A certain student, for example, begins his studies with success. As the examination approaches his behaviour becomes more and more inhibited and he finishes by breaking up in the course of his tests: he fails his examinations.

A certain girl will find no difficulty in having relations with a young man provided these relations are superficial, extending at the most to an engagement. When the date of the marriage draws near, anxiety appears, then depression and often still graver symptoms; they put off the date once, then again and the result is a breach. Once the engagement is broken the symptoms disappear as if by magic, to recommence at the next experience of this kind. Or again you have to do with a scrupulous, orderly, discreet and hard-working employee, whose behaviour appears perfect as long as he forms part of the sub-altern frame of the administrative organization: he is a good sub-editor, a good accountant, a good under-manager. When he obtains advancement

there should be universal rejoicing: this is not so. The exemplary employee, who until then, appeared calm, fairly well balanced, who had a good reputation, becomes irascible, puts himself in the wrong, becomes disorderly; he quarrels with his wife, his friends and his superiors; everything now goes wrong, the symptoms make their appearance with their train of mental depression, anxiety and social difficulties, etc.

I am also reminded of the case of a man who did not appear to have anything wrong with him as long as he was only second in the business which his father-in-law directed. The father-in-law dies and the son-in-law takes over the management: a grave anxiety neurosis breaks out. He is first of all forced to run away, he comes back drunk and does not know what has happened. After which he begins to frequent women of doubtful reputation and he takes care to arrange things so that his wife always learns of what has happened. He then abandons his factory to sharpers, engages thieves as directors, knowing unconsciously from his dreams that they were thieves, because in them they played this part; he has but one desire: to become a taxi-driver. Already his father had jeopardized a fine enterprise which he had inherited and this in spite of exceptional opportunities of success which the war had brought to this kind of business. He had married a woman who was a veritable dragon. Analysis showed that the father, affected with the same form of neurosis, had, as is natural, passed it on to his son.

The most terrible part of this kind of neurosis is that it becomes a family tradition. Nothing is more difficult for a son whose father was affected by a failure neurosis than for him to break the circle. He is bound by the same evil which fettered his father

and only at the price of moral sufferings, sometimes exceptionally painful, can he succeed in freeing himself, sufferings endurable only when you know the reason why you endure them and which, normally, you never oppose because they are too painful.

Dostoiewsky, whose case was made the subject of one of Freud's studies, had the habit of gambling and losing all his own money and his wife's each time he earned any. When all his fortune had been lost he recommenced to work hard without thinking about gambling during these periods of work.

There are cases in which the husband and wife appear affected by this failure neurosis. Everything seems to be going well as long as the husband is in a minor position and the wife looks after him and cooks his meals. He climbs until he becomes managing director of a flourishing business. They buy a house, engage servants; but the husband becomes sexually impotent and feels the need of being beaten or humiliated by his wife; he does all he can to drive her to a lover and he makes her tell him of their relations. He needs to feel himself ridiculed. The woman, from the influence of these events, begins to contract an obsessive neurosis. First of all there are phobias, then a fear of pimples on men's skin. It is easy to understand why. At the beginning of their marriage she looked after her husband and she managed everything; he was almost maintained by her. Through his work he develops and displays considerable activity and now he is obliged to lower himself to please his wife and to give himself satisfaction. She is forced to separate from him because she is afraid of his spots. In severe cases these symptoms can go to the furthest limit: accidents and suicides which unconsciously provoked the destruction of homes, loss of fortune, health,

reason and honour. Here we are dealing with an extremely complex trouble, capable of reaching all the manifestations of human activity at the very time when it shows fertility. The number of people affected by this neurosis in all classes of society is considerable. But what is still more serious is that most often it seems to strike those who by their personality and talents are above the average and could form a part of the cream of society.

The best forces in humanity are thus threatened and compromised and you see people who would otherwise have an exceptional human value consecrated to failure. You find them wandering about the gaming-rooms of casinos, sad, depressed, overwhelmed, according as the gold and silver they have won mounts up before them; when their winnings diminish and they begin to lose they sit up again and smile as if relieved; we have even seen some who appear quite happy from the time they lose everything.

In one of his last books Porché speaks of Tolstoi's passion for gambling, but he completely fails to recognize the affective reasons which drove Tolstoi to gamble: he believes that he played to win, whilst the majority of players nearly always play only to lose.

You also find these neurotic people among intellectuals; happy and apparently balanced as long as they devote themselves to a relatively sterile work of compilation, learn conscientiously, like children, are eternal students, the top of their class, admired by their professors and have never deviated from the path drawn out for them. They become anxious once they make a discovery, especially if this discovery forces them to take a public position and put them in contradiction to traditional ideas. You

again find them among political men, calm and placid as long as they do not leave their rank and repeat ready-made formulae, whether they belong to the right or left wing—for all political parties have their formulae and their traditional reactions; but once circumstances exact further initiative from these individuals, once they have to abandon the beaten path of liberty, fraternity and equality, once they feel themselves capable of succeeding against the majority, once it is a question of emerging from an impasse and beginning to devote themselves to a cause and especially once they succeed and gain power, they throw themselves into the worst difficulties and compromise to extract from their failure the lesson they anticipated from it, namely that it is forbidden to do other than they have always done and that they must not abandon tradition.

And what can be said of the great mass of employees and workers who, by their energy, talent and aptitude, have succeeded in occupying positions of which they had never dreamed and who cannot invent enough falsehoods to give themselves a bad reputation and compromise their career definitely once they attain exceptional success? It is at the most possible for them to act in the shade, protected from the responsibilities of glory and from satisfaction which is the force of man, by procuring approvals and acknowledgments which are due to him and of which he has need, to go farther, as much in the general interest as in his own.

What can be the cause of these paradoxical anxieties? What is it that can push someone towards failure rather than towards success and make him react to this as to a misfortune?

It is impossible to understand this strange behaviour without analysing the psychic conflict of

which it is the expression. This conflict is usually unconscious, it escapes the individual's control. He attributes his difficulties to circumstances, he has no notion of what they represent nor to what degree they are interior and not exterior. Psycho-analysis has shown us that this conflict is generally due to the opposition of this instance which we call the *Super-ego* to the forces which condition the individual's affective development. This *Super-ego* is capable, in certain circumstances, of opposing all which in the unconscious determines the development of the individual.

What is this *Super-ego* ?

Psycho-analysis defines the *Super-ego* in the following manner: the sum of all the educative influences both parental and social, which are exercised on the individual, which have been capitalized by him under the form of reflexes, which have entered into his unconscious and which act on his way of feeling and of entering into life and of making contact with it. These influences, at the origin, can be exercised against the individual's normal development. The neurotic parents, those who are afraid of life and especially too authoritative mothers who do not allow their children to develop normally, create obstacles to this development and forbid it. Everything is wrong; the expression of the individual's most elementary and natural need becomes a crime; under a pretext of making a child clean they make sacrileges out of the most necessary evacuations. And thus these fatal reflexes, this divinity, Moloch, to whom humanity, still to-day, has the custom of sacrificing children, are created.

How does this pathological *Super-ego*, thus constituted, act ? It tries to keep the individual small by determining an inversion which is more or less

strongly pronounced of his aspirations; instead of being able to choose in favour of his development, the individual goes against himself, his ideal consists in stopping himself, in paralysing and reducing himself to impotence; his work is to prevent his forces from entering upon normal paths, to deviate and sterilize them. This inversion always goes hand in hand with a more or less pronounced homosexuality. But a pact can intervene between the *Ego* and the *Super-ego*. The individual, provided he agrees to remain small and abandon his rights to realize himself integrally as an adult, can conclude a peace with the *Super-ego* which renounces its persecution of him. Thus a state of relative equilibrium of the individual's psychic activity is created. This semi-equilibrium, a kind of compromise, allows him to yield to all kinds of subordinate activities, characterized by the absence of responsibility and the passive obedience to given orders. But this equilibrium breaks once he climbs the ladder and passes from subordinate to chief. There happens something analogous to what occurs in certain volcanoes apparently extinct, but from which a sudden explosion betrays the internal activity. Nothing can restrain the forces enclosed therein. This rupture of equilibrium between the interior psychic forces gives rise to symptoms of failure. The failure aims and results in bringing the individual back to his inferior situation, in re-establishing the old situation and preventing him from leaving it and being reborn. One loses his money, another his sexual powers, a third now master, wishes to become a taxi-driver, etc. In short, the individual reacts as if he needs to be punished for his success. There naturally exists a relation between this need for failure and the unconscious feeling of guilt. To say

unconscious feelings is not quite correct, for we only have feelings when we are conscious of them; however, we react as if we had unconscious feelings which would make us responsible for their contents.

This unconscious feeling of guilt is due to a bad liquidation of the Oedipus complex. Everyone knows what we mean by Oedipus complex and to what degree it conditions the individual's development. Here we are forced to distinguish between the positive Oedipus complex and the negative Oedipus complex. It is in principle negative, as long as the child has not been able to choose in favour of the parent of the opposite sex, for this choice in the child's sensibility, even if it is necessary for the affective and sexual development which is conditioned by it, releases a profound feeling of guilt towards the parent of the same sex. In fact, in taking the side of the opposite sex, the child becomes the rival of the parent of the same sex and this rivalry determines the feeling of guilt and the castration fear which is the fear of death.

The part which the failure neurosis plays in the intelligence is complex. Very often it is capable of developing a brilliant imaginative intelligence directed towards abstract objects; it is then difficult for the individual to take part in concrete problems, he remains more in abstract considerations which have no connection with the individual's sensibility and destiny. This intelligence can develop in a brilliant way, owing to all the nourishment it derives from the teachers in schools who, most often, are in no way warned how much the orientation of such an intelligence can be defective and pathological. I shall even say that these forms of intelligence are judged to be those of a good student by the teacher as long as no question of

entering into competition or passing examinations arises. Do not count on this intelligence to ask him to understand the failure neurosis. We even have the impression that the way in which intelligence is cultivated in our schools predisposes it rather to favour the failure neurosis. The faculty of developing oneself affectively in the right direction has nothing to do with the intellect that is cultivated at the present time in our society. One of the greatest illusions of our time is the belief that a certain intellectual culture allows one to end in the right path and that science as taught in our schools is the best weapon against the troubles of the individual and community life. To appeal solely to the intellect to save an individual from danger or rescue a crowd in difficulty is to want to resolve life's problems by magic and it is a fundamental error. In these cases you have only too often come to no decision, you have been lured away and are losing precious time, only to wake up before a huge catastrophe. No, it is not sufficient that a President of the Council, for example, is intellectually brilliant to face all that in and around him condemns him to failure. Something more is necessary, something which perhaps is only acquired with difficulty in schools or in convents imbued with the superiority of intellect: a force is necessary, capable of making the different parts of the personality which dispute and agree, capable of harmonizing them to create this synthesis of energies which are necessary for the efficacious defence of the individual and mankind. This force, as you know, is of sexual essence and it is this which opposes the inversion and makes the intellectual a man of action.

Intelligence is used in a purely verbal manner and the neurotic patient only desires one thing: to

maintain appearances by using his intelligence to justify himself: the essential for him is to hide his affective difficulties, to avoid becoming conscious of them, to attribute them to circumstances and escape the responsibility of understanding and then of making a choice. And this intelligence, although brilliant and often very attractive, is more or less afflicted with sterility by this conflict with the *Super-ego*. In many cases you will observe a discord between the development of the intelligence and the affective development.

And yet, what are the means to which we should appeal to fight an evil whose tragedy and danger not only to the individual but to the community we understand so well? At the present time, do not have any illusions, we are indeed unarmed. Nowadays the majority of people believe that it is enough to have a very cultivated intellect, to know how to speak and act well in order to succeed. They do not realize the danger which can result from this discord between the intellectual and the affective activity. The majority of doctors still deride our way of looking at things: the majority of educators live in ignorance of these problems and we cannot appeal to them to organize mental hygiene and prophylaxis. For we should be able to intervene at the beginning, not when the symptoms of failure are alarming and developed, but when the formation of the individual is in progress, namely in his childhood; we should like to be able to work in better conditions than when the affective equilibrium is broken and the lava of the unconscious devastates everything like a volcanic eruption.

Besides mental hygiene we have psycho-analytical treatment at our disposal; the prognosis of these cases is generally favourable, provided that you

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devote sufficient time and understanding to it. In most cases you have to deal with talented people, people who have everything needed for success, not only in their own interests but in those of the community; it is sufficient to remove the obstacle. This does not take place without some reaction being heaped up; but, under the control of psycho-analytical treatment they can be broached. The rupture of the equilibrium can be produced on ground that you have prepared. If you devote the time, the result is mostly surprising. We have thus known men incapable of expressing themselves or of saying anything but nonsense in order to make themselves ridiculous or make people think ill of them, men who would tremble before their superiors and be unable to produce one word during their examinations and who, freed from their anxiety, have become orators capable of saying many disagreeable truths, as you must sometimes be able to do in dangerous circumstances. And by thus freeing these beings from affective bonds which choke them we have restored to life and society numerous individuals condemned by the failure neurosis. But this is not enough to fight the evil efficaciously. For success in this direction we need educators and their conferences, to educate the children and public opinion. It will, I think, be their task to defend society in the future from the failure neurosis.

TWELFTH LECTURE

THE FAMILY NEUROSIS

FOR many years now I have drawn the attention of my colleagues and students to the family neurosis. Like Saussure* I consider it to be one of the principal aspects of neuroses that we observe in our patients. I spoke about it in my clinical courses at our Institute of Psycho-Analysis and in an article on sexual frigidity in women, published in the *Revue française de Psychanalyse*.

We often have the opportunity of observing that the fact alone of treating at least one, if not both of the parents of neurotic children is sufficient to cure the children, without any direct contact with them. We also note that the children of neurotic parents are also neurotic in a more or less pronounced degree. This could, it is true, be explained by heredity; but in that case how do you account for the recovery of the children, once the parents are cured? And often they realize a more complete recovery than their parents, in fact the witnesses of these transformations are sometimes amazed. The numerous cases which I have had the opportunity of observing have led me to consider that, in the majority of cases, the neurosis, with all it implies, represents a familial tradition. Many of these complex cases which we call character neuroses, failure neuroses,

* *Le dogme de la famille irréprochable.*

homosexuality, frigidity, impotence in men, etc., could be explained in this way. It may be added that certain psychoses, especially paranoias, often have the same etiology, although heredity can play a more important part in these cases. However, in seeking the origin of neuroses or psychoses, the study of the family neurosis should never be neglected. But it is not easy to diagnose. It is impossible to discover it or its repercussions on the development of a child without a certain psycho-analytical experience. Our ordinary medical education gives us no means of appreciating these cases. The doctor is generally as ignorant as the public and passes by the real problem; he is handicapped by the ready-made ideas which have been inculcated in him as explanations and in which unfortunately he has too often a blind faith. Often he is neurotic himself and this neurosis prevents him from taking active steps to repair the morbid condition. How many times have we had under treatment these grave cases, without the family doctor suspecting either the nature of the case itself or the treatment in progress! And how many families are profoundly divided without the people interested knowing it themselves! Let us take an example.

There is a married couple: the husband in a high position, the wife young, and envied for her beauty, wealth and connections. Both enjoy a perfect reputation. The young woman is loved and loves her husband. But the husband thinks he has heart disease. He goes from one doctor to another to be auscultated. Tachicardia is found and perhaps also a slight murmur. He concludes from this that he has to take great care of himself and spaces at greater intervals his relations with his wife, which already had only taken place very rarely. He says he is ill.

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The young woman, on her side, tells her friends how much her husband loves her and all that he does for her. But on being closely questioned by an experienced doctor she agrees one day that she has never felt sexual satisfaction with her husband and that she is frequently tempted to try with someone else, to discover what love is . . . and, when she is asked to be more precise, she bursts into tears and admits that she is bored and unhappy. You come into contact with the husband and find a man suffering from anxiety, who has been persuaded that he is suffering from heart disease, and a latent homosexual who detests women. You study the woman more closely and you perceive that she too has done everything unconsciously in choosing her husband so that the question of love does not arise for she detests men. You are, therefore, in the presence of two enemies, nailed to each other by marriage and who have been accustomed to act a comedy for their own benefit. They play at a happy family and deceive themselves as they are deceiving everyone else.

You know how frequent cases of this kind are, how often the neurosis pushes people to unite not to construct but to destroy each other.

It is psycho-analysis that has taught us to understand these strange associations in which love is replaced by hatred, enjoyment by suffering, success by failure and sometimes by death. We observe, indeed, that in these marriages among neurotics, each consort seeks above all his complementary neurosis in the other.

A certain masochistic man marries a sadistic woman and becomes the thrashed child in order to realize the voluptuousness which such a situation reveals in the dreams of so many of our patients. Someone else, on the point of falling in love with the

woman of his dream, chooses another to put a barrier and an obstacle eternally between him and his ideal. His choice will fall on a woman who henceforth will be a sort of prison guard, destined to keep him prisoner.

A certain neurotic woman, under the blow of an unconscious feeling of guilt, will choose the man representing the opposite of the one she is capable of esteeming and loving, in order to punish herself for ever having dared to dream of the joys of maternity. Another, needing a pretext to justify her revolt against man and sexuality, will throw herself into the arms of her enemy to find in this strange union something with which to nourish her hatred of men and children. She will choose a brute in order to have the right of fighting and humiliating him by her very sufferings, to exhibit her wounds and make them a weapon intended for her husband. She will make her children into monsters in order to give a direction to her desire to devour and destroy them.

Psycho-analysis has shown us the complex part which the children of such parents can play in the affectivity of the parents.

For one woman, the child is a refuge and a weapon which she uses to humiliate and abjure her husband. One man sees in the child a treasure, the possession of which he envies his wife, with whom unconsciously he feels he is in competition. Being unable himself to know the joys of maternity he aspires at least to destroy the happiness of his rival, is ready to take her children from her, either to keep them for himself or to ruin and lose them.

And all these dreams, this slaughter, this misery can happen behind the façade of a middle-class life, apparently perfect, with the complicity of both

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society and the doctor who until now has never dared or been able to intervene, even in the interests of mental hygiene. It is needless to say how much more deeply the child suffers than the adult in such an environment. And his suffering is more difficult to fight inasmuch as his unconscious reacts as if it were in direct communication with the unconscious of the parents, as happens in communicating vessels. We observe that, by an unconscious knowledge of things, the children react as if they know what is happening in the parents, whatever artifices of intelligence these employ to hide their state from them and assure them a good education. The unconscious of these children seems to be solidary with that of the parents; everything happens as if it concerned a familial, collective unconscious; and thus for the greater part of the time the efforts of the educators risk undergoing the fate of the initiative certain Government men take to direct the economy of a community. The initiative miscarries and the economical crises, delayed at the most, only burst with greater violence. In other words, we state that all the efforts of educators and even of parents to fight the manifestations of the family neurosis in children are ineffective unless they proceed from a psycho-analytical experience.

In practice we find several types of family neurosis which, in different degrees, always have the same clinical aspect and are often revealed in the same way in children, for each type of neurosis.

All these types, in spite of the variations of their clinical symptomatology, naturally express a more or less profound regression of the sexuality of individuals and go hand in hand with a sexual inversion which is more or less manifest.

The most frequent type of family neurosis is perhaps

represented by the inverted family of the good bourgeois, such as Mr. Goinart.* The man is a worthy though timid fellow who has the reputation of being a good clerk, a good soldier, in short, a good subordinate. He never criticizes his chiefs; he was generally among the first in his class; he performs his religious or social duties scrupulously. In a discussion he never compromises himself, he will explain his meaning with a certain diplomacy and in a very courteous manner and will rarely allow himself an opinion on a subject as dangerous as, shall we say, psycho-analysis. If he is acquainted with it, he will in every way seek to conciliate it with tradition, he will bitterly regret the shocking character of its terms and conceptions and will continually be afraid of the evil which it could provoke in people's souls and in their homes. This worthy man seems to be an excellent husband. Often it is he who does the cooking when at lunch time his wife has not come in. His appearance is rather neglected—not that he gives the impression of not attaching any importance to it, no, for in the thoughts of men of this kind, the impression they make on other people is of great importance and they do not wish to be talked about—but they wear old clothes, a dirty collar and shirt and shoes with torn laces. In short, you feel that a woman does not look after the house. The man, perhaps, suffers from this state of things of which he is well aware, but he would never take the initiative of forcing his wife to look after the house and perform the duties which fall on him. He will endure the consequences in silence and if, by misfortune, someone has the grievous idea of criticizing his wife, he will defend her as a perfect

* Mr. Goinart is the hero of the good middle-class family which Bernstein describes in *Espoir*.

wife and mother, because he has put her on a pedestal and is accustomed to kiss her feet.

The woman, on the other hand, is exactly the opposite to her husband. Her clothes and behaviour are rather extravagant. There is a certain rigidity in her opinions and attitude. She does not comply with time or propriety. She comes in when it suits her, criticizes everyone and everything. Her house is badly kept; she leaves the children to themselves, it is the father who looks after them. Her hand is that of a sport-loving woman, her thumb is energetic and self-willed; her face has at certain moments a hard expression, revealing revolt and scorn. You feel she is someone who always believes herself attacked and seeks the opportunity to rush at the enemy like a cockerel.

In a discussion this wife will incessantly interrupt her husband, and delights to say spiteful and humiliating things to him. She will ridicule him by relating stories which are not in his favour, she will reproach him in public for a certain sexual timidity and will make him pass as impotent. Her principal preoccupation will be money and accounts. She will do them all day, pretending to economize but in reality to relate to everyone what she has spent in such and such a circumstance, what such and such an object will have cost her. In short, she will exhibit her purse everywhere she can.

She will be terribly jealous and will always attribute to her husband another woman, a mistress, whom she thinks she sees everywhere. She will describe her appearance, her hat and her dress, and her poor husband who trembles before her will find it impossible to persuade her of the non-existence of her rival. He is incapable of deceiving her; everyone is convinced of it. At the most, he

might have a slight inclination to do it once he was alone and his wife was away, but on her return his desires are quickly repressed by the Draconian régime which she imposes on him. But she does not give up: this mistress exists and she persecutes her. She seeks means to revenge herself, to force her husband to make *amende honorable* and throw himself on his knees to implore her forgiveness. She plots with his friends, his brothers and sisters if he has any; she turns everyone against him. If she hears a vague story about him, she makes a scene about it and gets into touch with his superiors at the risk of compromising his position. If, by misfortune, she has a real weapon in her hands, if, for example, she knows of an illegal business in which her husband has been involuntarily involved, as may often happen, she becomes threatening. He must obey or else he will be denounced; his opinions, his position, his honour, nothing is respected. The happiness of the home depends on her moods. And he, in spite of the fine, male appearance which he sometimes has, is only a slave.

Let us add that in these cases it is the woman who usually deceives her husband and not the husband who deceives his wife. He endures his state magnificently and with dignity without appearing to be aware of it. You have probably understood that the woman in question is usually frigid in her sexual relations; she is capable of a clitoritic orgasm at the most. The advantage she gains from her play with her lovers consists above all in publicly humiliating her husband; we can also say, however paradoxical it may seem, that it is in a way in virtue of a manifestation of fidelity with regard to her husband that she is unfaithful to him.

You are wrong to pity the victim, that is the

husband. He is, much more than you think, unconsciously the wife's accomplice. Do not think that you would do him a great service by changing his wife, and that he will be grateful to you. You will simply force him to inflict on himself the humiliations which his wife lavishes on him so generously. It is only under the effect of kicks from her that he feels himself in possession of a capricious virile power which, to be able to assert itself, needs to feel itself being whipped. In such an association it is he who has the major part and not the wife who appears responsible for his misfortunes. If, for some reason or other, she no longer lends herself to the game—for it often happens that these women change under the influence of circumstances or a lover—he is forced to commit faults and act incorrectly towards his superiors or his friends. Being no longer able to use his wife's help to cover himself with mud and ridicule, he becomes indelicate, dirty, ridiculous through himself and commits, if necessary, dishonest deeds. He behaves like a traitor and succeeds in making himself despised, all this to get back in another way the humiliations which he was accustomed to demand from his wife. You see that the problem of intervention in such a case is very complex if you cannot begin by the treatment of the husband.

In this family the children are in a most difficult situation. Let us suppose that there is a boy and a girl; in what direction will the development of both of them be effected?

Let us take the boy. You will understand that the paternal example gives him no inclination to follow in the steps of the male. On the other hand, exposed like his father to the continual humiliations of his mother, he will not resent the revolt which will

result any the less. Wounded in his honour and in the most sacred thing that nature has given to man, his virility, he can only shut himself up against the maternal influence as against an enemy. He will cut himself off from sexuality and will fight an instinct, capable of putting him in contact with individuals as dangerous as his mother. And he will substitute another power for the virile power—the sadistic omnipotence—which will allow him, without rivalling his father on genital ground, to assert his force, his personality, his desire to dominate at any price. To avoid suffering in his affections, he will refuse to take part in his parents' conflict. He will disinterest himself in a father whom he will unconsciously despise and in a mother with whom he has so many reasons to be angry. He will detach himself from his parents in order to think of himself alone, of his own satisfactions of power and money. He will try to earn much by any kind of means. If he is intelligent he will make a weapon of his qualities which he will only put at the service of his own cause, only interesting himself in people according as he will need them for his own ends of domination and grandeur. He will try to cut himself off from his family as much as possible, in order to stop suffering; he will flee from it and, in his heart, he will keep this satisfaction of having fled from the home of pestilence and of having stigmatized it by stigmatizing his parents. If he does not succeed in escaping by ordinary means, by succeeding in life by his intelligence and studies, he will try to fall ill, to find if possible in illness the instrument which he needs to manoeuvre his parents and live far from them, for example in a sanatorium. In short, he will make as we say in psycho-analytical language, a narcissistic regression.

His difficulties will begin the day when, for one reason or another, he would like to found a family, either because he has found a rich heiress or because he needs a woman to succeed in his purpose. That day he will find that he has lost the faculty of love. He has perhaps succeeded materially, but his soul is as sterile as a stone. He will flee from sexual relations, being unable to overcome the horror which his wife inspires in him. If by chance he is married to a fairly good woman he will be obliged against his own wish to torture her and direct the bitterness accumulated in his heart against his parents, against an innocent person. This will be the drama and discord with himself, when he understands that he is a prisoner of a misfortune which he cannot avoid falling on his wife, that his attitude, though perfectly justified by the circumstances of his childhood, has become unjust in the new conditions of his life. He will begin by punishing himself for the evil that he is causing, to buy the right of continuing to cause it. The more the misfortune that he is creating increases the more he will punish himself until one day collapse, depression with ideas of suicide or again bankruptcy or a divorce will occur, to remove those whom he is persecuting so that they should be safe from him.

You know how the parents' influence continues to react on the individual through the intermediary of the *Super-ego*; you will not, therefore, be astonished that this *Super-ego* leaves no normal issue to this boy. The paternal influence will be revealed by a paternal, defeatist *Super-ego*, if I may use this expression, since the father has not allowed his son to espouse noble causes and follow noble examples. The mother's influence will be manifested by a maternal castrating *Super-ego* which will condemn

to failure all the son's virile attempts to enter upon the path of his normal development. Unless he has an exceptional intelligence and a faculty of adaptation to sublimate his libido which is abnormally engaged and cut off from normal sexuality this boy will fail despite all his manifestations of power. If he sublimates he has a chance of becoming an artist, that is to say, a person who finds a way, different from the sexual way, to realize the aspirations of mankind to eternity, a person who will give to stones the colour and words that he has been unable to give to human beings. He will be a sculptor, a painter or a writer, and will thus realize the love which his impossible character refuses to any other realization.

But these last cases are exceptions. The final failure, following on what we call a character neurosis, is customary with all the repercussions that it entails on the surrounding people and on the children if there are any.

Let us now take the case of the girl. You do not expect a normal development of sexuality in her case either. Her *Super-ego* will also become a terrible fetter, a hard and rigid maternal *Super-ego* which will forbid her sensibility to free itself and which will keep her libido the prisoner of a mother more tyrannical for her inasmuch as this mother, being a latent homosexual, will have branded her daughter to make a slave of her. This libido fixed to the mother will not succeed in accepting a man, for the father's ridiculous position will make anybody but him capable of having the least influence on his daughter's sensibility; she will despise him and will only go to him in order to continue her mother's game. She will turn to her mother for money because the mother, playing on her money complex,

will already have used it extensively to corrupt her daughter and make her feel that, not only is she master in the house, but that she holds another kind of power, the purse, which masculine women substitute most willingly for the organ which they lack in order to compensate themselves for its absence. No affective development for such a girl. At school, after good beginnings, she works badly; in the house, left to herself without any supervision, she acquires the habit of frequenting vicious children. In spite of her physical development she will become more and more boyish in her manner, will loiter outside, and will avoid the society of girls who could be an example to her. Then there begins a period of little adventures among rather odd people. She chooses them from the most ill-famed and the least interesting of their kind, from neurotic people, deprived partly of their virile qualities and with all the moral degradation which this state can sometimes permit. Or again she will associate with a certain category of girls who, having borrowed their passions from the stronger sex, desire to be able to behave like the latter towards the weaker sex: in short, homosexuals. Finally, finding no normal path for her aspirations, she will begin everything and finish nothing; she will want, for example, to start a cinema and when her parents acquiesce, she will dream of opening up a bar, etc. . . . For her, her father only exists to be ridiculed everywhere where paternal authority intervenes in social life. She will be unhappy if, in spite of her flight, she has kept a glimmer of affection in her heart. But she will stifle this affection all the more savagely because her father, in denying the cause which he should have defended, has denied his ideal and appeared as a coward in his daughter's eyes. With an affectivity

thus disordered, this young girl will find herself in a bad position to start life. It is on this ground that the failure neurosis with frigidity develops and this, complicated by obsession, renders the woman unfit to become a wife or a mother. Sometimes she marries all the same, out of despair, and begins again with a man the game which her mother carried on with her father. Sometimes too the affective failure is revealed by severe neurotic symptoms, ideas of suicide, sadistic obsessions, and the doctor is called in. Often he cannot understand how so serious a pathological state was able to occur from one day to the next in a young girl.

If you have to do the analysis of a girl of this kind do not believe that it will be she who will put up the greatest resistances; it is usually the father who will fail you and for futile reasons, asserting for example, that he cannot pay. His affective impotence which could work itself out by avarice, does not usually allow him to make the expenditure necessary for the daughter's treatment. He will perhaps be a little more generous if it concerns his son, having a little more libido available on this side, in virtue of his homosexual fixation to the latter. But once he will feel him change, he will compromise the cure if it depends on him.

In other words, with a family neurosis like this, to avoid putting the cart before the horse, you must begin, if it is possible, by the analysis of the father. Otherwise, the prognosis of the other treatments will be bad.

The chances of success will be much greater when the father has resisted and when only the mother is ill.

In middle-class families you will fairly often find another variant of the family neurosis: the father is a worthy fellow who has succeeded in his studies

but who, according to the middle-class customs, chose for his partner a young heiress, without any close examination of her personality. It is even possible that his wife was imposed on him by his own family who wanted him to make a good marriage. Good marriage! It will be much the same as the one described above, with this difference, that in this case the humiliations and vexations are not endured passively but are accepted as a sacred duty, to save the peace of the family at any price.

When the father knows how to preserve his dignity and succeeds in giving an example of virile force the children will be in a better position than those in the family just described. It is true that he is forced to keep a good distance from his wife to maintain it. He flees into his occupation and his work, etc. . . . He is often depressed, suffers from unbearable headaches, has the feeling that his head is going to burst and that someone is hammering at it. But he is there all the same. He looks after his children, encourages, scolds and gives the example. And when you are called in to do a treatment, you find an understanding ally in him, one who is capable of following you in the struggle against disease. In such a case, you must also understand the struggle against the mother, unless circumstances allow you to begin by treating the mother herself. And then, what a struggle! You may be dealing with a woman capable of employing every means to discredit you in her children's eyes in the same way that she sought to discredit their father. According to her you are a dishonest, dangerous man, a kind of trickster who has no other thought than that of exploiting his clients. The father is described by her as an impossible man, not interested in his children and who, by an extravagant life which is attributed

to him, has made them ill. In short, calumny. . . . Wicked stories are told about you in which you are made to play an execrable part; these stories are spread about society to compromise your honour and make you abandon the treatment of the child. The father is constantly forced to intervene to re-establish the truth; for him, every minute of it is an exhausting struggle, but if both you and he agree to it, he provides you with the base on which you can construct.

We shall now approach another variant of the family neurosis which is very frequent and can be observed in all classes; we refer to the home in which the husband and wife are forced to erect a barrier between them, to be able under its protection to escape sexuality and fortify themselves in an infantile stage of the libido. This barrier can be represented by many things:

- (1) the barrier of disputes,
- (2) the barrier of lawsuits,
- (3) the barrier of work or piety,
- (4) the barrier of the third in a family of three,
- (5) the barrier of disease.

Let me remind you that I have already treated this question in my book, *L'Echec de Baudelaire*, as well as in *Misère de l'Homme*, in which I tried to describe the barrier of disagreements and disputes.

When it is a question of this, you see the husband and wife knowingly cultivating disagreements and misunderstandings which they maintain as if purposely, with the malicious, half-conscious pleasure of playing a clever game, in order to put each other systematically in the wrong and, in accumulating the mistakes, dig a ditch over which they can only shake hands very rarely. Then, a furtive embrace,

interrupted by sobs and regrets, a painful and nostalgic relaxation of a cruel tension, a relaxation created as much by pity as by the remorse of feeling oneself forced to accumulate so much misery to strangle love, life and children, who would otherwise have been able to be born and develop. At the bottom, these eternal disputes, most often on futile questions, are means of fleeing from each other without really succeeding in separating from each other. In certain cases they degenerate into lawsuits, into divorce most often, which drags on for years and which cannot be won or lost and which put between the husband and wife all the apparatus of justice with its odd procedures, its un-understanding magistrates, its machiavellian, greedy lawyers, to whom they are offered as nourishment. We know cases in which certain lawsuits have become a reason for living like the expression of an eternal fidelity not to love but to hatred, like the realization of an exclusive and monstrous passion by mutual torture. And when, circumstances and time helping, the divorce is at last pronounced, we see people who are unemployed and disappointed, wandering each their own way, without knowing what to do with themselves and incapable of consoling themselves by a real love.

In these homes the children cause their parents difficulty and vice versa. The parents pretend to act in their interest; in reality each consort yields to the unconscious need of using them to spur on the remorse of the other and to add to a profound distress the voluptuousness of the spectacle of thrashed and pining children. You understand how the parents' unconscious sadism can find satisfaction in this spectacle for which the children, victims offered to the Moloch of neurosis, pay the cost.

It is a painful and ridiculous spectacle to see parents, friends, the doctor and the law-courts involved in it, all powerless to understand the real drama and whose corrective measures often only add to the martyrdom of the children. It is decreed that they be committed to the care of one of the family, to the paternal or maternal father and mother-in-law, without taking into account that the children are being replaced in the home from which the neurosis of the parents issued and that nothing has, therefore, changed for them.

The grandmother, despite her age, will behave towards her grandchildren with an affectivity very like that which paralysed the development of her son or daughter. The grandfather, incapable of saving his own children from the family neurosis, will not usually be more fitted to preserve his grandchildren from it.

In this home, the children can only harden themselves or disappear. Suicide by children placed in these conditions is still frequent enough. Their parental *Super-ego* overwhelms them with remorse, prevents them from developing and forces them to react as if they were the cause of the unhappiness of the family; hence, the extreme need of punishment to neutralize their guilt and sometimes suicide as much to expiate as to punish their parents.

When these children develop they usually remain under the influence of a strong need of failure. To each success they react as if it was undeserved, to every happiness as if they had no right to it. They can only accept success and happiness on the condition that they pay for them by suffering and this suffering is only too often represented by the failure of all that a person has undertaken and which brings him back to the starting point of his misery, to the

point when he possesses nothing, but when he has the satisfaction of owing nothing to anyone. This failure can be represented, according to the cases, either by that of the affective life—and they will relive the parents' life unless they resign themselves to a life of solitude—or by material failure which allows them to buy the right to a melancholy and relative happiness in love, or again by disease and the sacrifice of health. Sometimes they suffer physically in a very cruel manner, according to the disease they cultivate; but they feel themselves freer on the psychic side. They succeed in loving because they are paying for their happiness by a veritable purgatory.

Let us not omit to mention in this class of ideas, the social failure which some people issued from these families feel themselves forced to cultivate by committing offences which can take them to prison.

Sometimes the children of these homes become paranoiacs and claimants, that is to say people obliged to defend themselves ceaselessly against a reproach which persecutes them like an enemy, which harasses them and against which they resist in a desperate way, believing they can see it everywhere and in the eyes of everyone. You will recognize in their behaviour the defence of the individual against a feeling of excessive guilt which can result from a family neurosis and which sometimes succeeds in pushing him to crime, firstly to make someone else pay for the injury with which he feels himself unjustly overwhelmed and secondly to provoke a punishment—perpetual seclusion or pain of death—to which he aspires as to a deliverance.

When you are asked to intervene in these cases—and this is becoming more and more frequent in accordance with the growth and knowledge of

psycho-analysis—you find yourself faced with a very difficult task. If you are dealing with the parents, whom you must begin by treating if you want to save the children, do not think that they are lending themselves with a good grace to the cure which must deliver them from their misfortunes. Their disputes and lawsuits are needed by their unconscious; you are not rendering them any service in trying to arrange things and in pushing them towards another path. The only way to act is to cure them of the need of flight before normal sexuality; you will then see in certain favourable cases all the complications which no reasoning had allowed you to overcome disappear as if by magic. Above all, avoid intervening in the struggle by wanting to play the arbiter. In cases of this kind you cannot deal with both husband and wife at the same time. You must devote yourself exclusively to one of them, without if possible any contact with the other and it is only when the treatment of the first will be sufficiently advanced that you can, if the circumstances permit, undertake that of the second. In other words, you must act with great firmness and tact to avoid being carried away in the scuffle and to remain outside it. If you succeed in this you have a chance to succeed in your work of reform. In this case the treatment of one of the parents usually acts in a favourable manner on the other and particularly on the children, however little you succeed in curing at least one of the parents. The path is then mapped out, either to save or abandon the other and then the children are usually saved.

As we have said elsewhere* sexual frigidity in

* "Concerning Sexual Frigidity in Women." *Revue Française de Psychanalyse*, Vol. VIII, No. 2.

women can often play a major part as the determining factor of these forms of family neuroses. Evidently, there is frigidity and frigidity. We have not in mind those very numerous cases in which virginal frigidity in an angelic wife corresponds to a tradition and becomes the condition which allows a well-disposed and devout man to assert a sufficiently virile power to play his part of husband and father without feeling himself visibly hindered by self-punishing reactions connected with his defence against sexuality. We have in view these particular forms of frigidity to which we alluded above when we spoke of certain women who, to justify their revolt against man and sexuality, throw themselves into the arms of an enemy rather than a friend, to find in this union something with which to nourish their hatred of man and child. We have said that, to avoid having the appearance of executioners, these women found a means of choosing as their husbands either a real brute or a man whom they can make appear as such because he allows himself to be pushed by them to excesses of violence which force him, in spite of himself, to appear a torturer. You know that these are the women who, through their passion to be tortured, so often finish by putting themselves in the more or less agreeable hands of surgeons to whom they offer all the parts of their organism that are capable of being operated upon. Thus a fairly frequent variant of the family neurosis develops, a variant which is characterized by a violent father, a mother apparently submissive and suffering in silence, and children terrified by the father's anger which they can pity if he is a victim. In these homes the boys often become manifest homosexuals; they are particularly attracted by dirty, brutal men who rouse their emotions by

provoking a feeling of such violence in them that they are incapable of resisting their seductor and they try to become his prey and victim. You notice in these boys a more or less complete identification with their mother, whose manner of fighting the executioner they have espoused, at the same time trying to charm him by love, only to disarm him and obtain his forgiveness by yielding to him.

In girls sexuality is usually only accepted in appearance; in reality they generally continue the tradition of the family circle by becoming like their mothers. Unless she has made them open enemies of their father, in which case we again fall into the situation which I exposed at great length in the beginning.

In other cases sexual frigidity, while not asserting itself in an open manner by an unsociable behaviour, can all the same have a repercussion on the children's development and become through this one of the symptoms of the family neurosis. Many frigid women, in spite of their appearance as good wives and mothers, are none the less opposed to their husband and children. This opposition can be very well hidden; it does not exist any the less and succeeds, in certain cases, in stifling the children, not by violence but by the love which they seem to bear them. The children of such a mother are liable to remain her prisoners if they are not endowed with sufficient vitality to free themselves, which does not always happen without drama. The husband can approve of his wife's attitude as it corresponds to a certain middle-class ideal, which was accepted by the pre-War generation.

But he also often reacts by depression, a disgust of sexual relations, followed by a conflict which will push him towards another woman or towards

work in which he will bury himself and will make a narcissistic regression with all the symptoms which this is capable of involving.

Often sexual frigidity in women goes hand in hand with a certain masculinity which, as you know, does not prevent sexual appetite, but which is shown by the need of reversing more or less the parts of the husband and wife. In these cases the wife will usually be what we call a clitoritic type. She will succeed in attaining the orgasm by the excitation of the clitoris which then replaces the penis in her. But she will be frigid during normal relations and will not attain the vaginal orgasm which seems to represent, compared with the clitoritic orgasm, a more evolved and complete form of affective and sexual contact. In life this state of things will give place to an important variant in the inverted neurotic family. The woman will be the master and will develop a virile, social activity. She will have studied, will be a lawyer, a doctor, an engineer, or else she will look after a business with a consummated art and talent of organization and will earn much money. The husband will be either an intellectual with high aspirations and a pure and pacific nature directed by choice towards contemplative activities; he will be artistic and imaginative, having exalted all the feminine side of his possibilities at the expense of the masculine side. Or again he will allow himself to be more or less kept, in passing as an artist or perhaps an intellectual for a change. Sometimes he will be manifestly neurotic; he will suffer from sexual impotence or he will be a gambler and will speculate; in short he will have a psychic or physical defect making him his wife's inferior. In extreme cases we shall be faced with a perverted husband who is a fallen man

from the social point of view, who indulges in drugs and alcohol, commits offences and is reduced to the state of a parasite.

Here you see a whole gradation of reactions which more or less go back to the same cause, although with very different results. The children all endure in different degrees the inconveniences of these situations. The boys will tend to become girls, the girls boys, although this is not always revealed in the same manner. The children of the intellectual home will naturally not appear unbalanced and ill, although the family neurosis can become a heavy handicap for them, especially in difficult conditions of civilization which exact all one's fighting spirit. The boys of these homes will often suffer from anxiety states, in spite of an intellectual formation which is sometimes very strong; they will have difficulty in taking part in life, in choosing in favour of some cause or other, in taking responsibilities, in short, in facing a struggle. Behind a very brilliant face they will hide a feeble personality, not knowing how to adapt themselves, and this will make them idle when they are wealthy, scrupulous subordinates who become rather lost in the details when obliged to earn their own living, always beside the point and incapable of occupying a senior position. The girls will have more or less decided natures, often in opposition to themselves. They will have a tendency like the boys to perpetuate the tradition of the family circle. They often bring back on themselves the aggressiveness which, in normal conditions, they should have been able to exteriorize towards their mother, and being unable to make a step towards man, they will generally be neurotic and ill, which will reveal itself in a very complex and variable manner.

As for the children of the kept and ill-famed father you will easily understand that their family neurosis will usually acquire a serious character, unless the influence of certain members of the family succeeds in counter-balancing that of the parents, which is fairly frequent in these cases. We shall not enlarge on the details of the neurotic manifestations of these children, often of an alarming character, especially in girls. In boys you observe a tendency to act contrary to the father, which in many cases can determine a readjustment of the situation. This can be realized in a more or less complete manner in the family which these young people are going to found and sometimes even ends in the disappearance of the family neurosis.

As we said before, the neurotic barrier is often represented not by disputes but by work. One man takes refuge in business to which he devotes all his time. He has the reputation of being a good manager, a good banker, a good business man. He earns an enormous amount of money, does not enjoy it himself, does not use it to make his family happy, but utilizes it almost exclusively to acquire new businesses which multiply in a monstrous way, like the cells of a cancer, and he finishes by being crushed beneath their weight.

Another makes politics the exclusive aim of his life, spends his time in electoral meetings, clubs, municipal councils, etc. He has the reputation of a clever Parliamentarian who moves behind the scenes, knows how to manoeuvre people, build up amalgamations, etc. . . . Another takes refuge in science; he is its prisoner; he can study nothing but his formulae, if he is a mathematician, his microbes if he is a biologist, his atoms or electrons,

if he is a chemist or a physicist. Another will sacrifice his life to philosophy, but to a philosophy the problems of which torture him, to a logic whose sense and aim he is constantly seeking without ever finding them. Another again will take refuge in scholasticism and religious practices which will provide him with as many subjects of study as means of self-punishment and expiation and which lend themselves marvellously to all kinds of rationalizations of the individual's resistance against an affective and normal sexual life.

What characterizes all these activities is their more or less apparent sterility; for in these cases work, you will understand, is not the aim to which a person capable of giving himself to a cause aspires; on the contrary, it is the means by which he avoids the need of abandoning himself either to the sexual act or to action. To be fertile an action, whatever it may be, needs, in my opinion, as much genital libido as normal fecundation.

The sexual life of these men is often peculiar. In sexual relations they are more or less impotent; from time to time they go to a special house where they are thrashed or given enemas; or else they encourage sodomy. In other words, you observe sexual perversions in them; manifest active and passive homosexuality is also very frequent in their cases.

This can go hand in hand with a great need of power and money, the latter in certain circumstances even being able to satisfy an inverted affectivity. The wives of these men are unhappy if they are normal, which is rarely the case. They are most often masculine or very clear-headed intellectuals with a very wide knowledge or former actresses who have kept their old relations or their

woman to woman relations, or again who frequent places of bad reputation and are drug addicts.

The normal unhappy woman will fall back on her children, if the more or less complete impotence of the husband has allowed her to conceive any, in defiance of the manifold complications and deceptions to which this act could give rise. If she is masculine she will fall back on her studies or her art or she will lead a society existence or life on the border line of normality, with suspicious visitors, effeminate gigolos, sport-loving girls more or less like boys, or again she will become a drug addict or contract a disease which will take up her time. All this of course goes on under cover of a perfect middle-class life without a stain on its reputation.

We must not forget the *ménage à trois*, namely those cases in which the neurotic barrier which should separate husband and wife and make normal sexual intercourse impossible is symbolized in a tangible way by the friend. He plays a complex part. He is often the instrument which a masculine woman uses to humiliate her husband knowingly and publicly, while seeking to derive a bitter enjoyment from this moral torture which she inflicts on him. The third is usually an effeminate boy, the gigolo, who plays the part of friend or again a man belonging to a lower class and with whom alone sexual enjoyment is possible, an enjoyment mixed with feelings of guilt and remorse which are the ransom paid to the *Super-ego* for the right of enjoyment. You see the woman of a middle-class home choosing as a friend a working man, a sailor or a chauffeur. In these cases there exists in the woman a kind of dissociation of sexuality and tenderness, the sexuality being able to satisfy itself in low and humiliating conditions only, while the tenderness is directed

towards a husband with whom she is usually frigid; this is illustrated by the heroine in Kessel's novel: *Belle de Jour*.

At other times the friend represents the normal sexual ideal of a woman; but she has separated from him, only allowing him at the most an illegal existence, by throwing herself into the arms of a husband, who in his turn can represent the neurotic barrier and the *Super-ego* by which she feels herself persecuted.

The same situation can be found on the husband's side with regard to his wife. The 'third' is then a woman friend who will play the same part in this family as the wife's friend whom I have just discussed. The most frequent situation is that which only allows a man to be in possession of his virile power with inferior individuals whom he despises, and with whom he organizes furtive encounters, without a to-morrow, often in houses of bad reputation. And the barrier is again fairly often represented by a homosexual friendship.

The children of these homes—because they do by some kind of miracle seem to have them—are abandoned to the servants which is much the best thing that can happen to them. There they are much less unhappy than the children of the 'disputing' family, all the more so as, among the servants, governesses and nurses, they can have the luck of meeting persons of a normal affectivity, who know how to show them the tenderness which they miss elsewhere. But they may fall ill. The number of nurses who have a disordered affective life, who drink or abuse children is greater than is generally believed. And the child can find itself delivered without any defence to women of this kind.

CLINICAL ASPECTS OF PSYCHO-ANALYSIS

If you are asked to intervene in the cases quoted above it is either because the husband desires to cure his sexual impotence or because the wife, reacting to her conflicts by symptoms, the neurotic origin of which have, of course, been recognized, wants to try psycho-analysis.

The treatment is often very long and difficult when the people in question do not suffer too much from their symptoms, if they know how to make their life agreeable and can spend a great deal of money in order to miss their appointments. But, once the problem of the family neurosis is understood and its danger for the children, it is easier to obtain the parents' acceptance of the cure, all the more as the progress of the parents becomes more and more evident in the children's behaviour. Here are children who were often before taciturn, puny and peevish. The little boy apathetic, only interested in making his sister and his governess wild. For a long time he wet the bed and soiled his underclothing. The girl was bossy, cruel to her brother and to animals. From morning to evening she invented new tortures for them and only dreamed of seeing blood flow from wounds. The boy had become effeminate, no longer taking any initiative. They had to wait on him all the time. The girl had become a boy with a hard and unhappy look which inspired you with all the more pity because you felt that it could have been sweet and fine, could have comforted and made peace.

After some months of treatment the mother begins to look after her children a little. She finds them a new governess more understanding than the last; she comes to see them morning and night and surrounds them with an affection which these little

ones have never known. More intimate relations are established, a happiness is born in which even a father always away, absorbed in and overwhelmed by his business, allows himself to partake.

Thus, by this patient work of readjustment, and encouraged by the first happy results you succeed in creating a favourable atmosphere and in developing the desire to be cured and to succeed in the parents whom you are analysing. Little by little you have a glimpse of a reorganization of the family life. In these cases the treatment of one of the parents often involves that of the other. Divorce is exceptional, and if you know how to work with the necessary tact, patience and comprehension, you will, in time, arrive at the end you have in view. Life which was before corrupt and unfruitful through this family neurosis has become freer. It becomes spontaneous again, joyous, animated, and from its warmth which no barrier now restrains, there is born a generation capable of completely forgetting the misfortune of the family neurosis which the ancestors had bequeathed to the parents.

When the barrier is represented by the disease you generally find yourself faced with cases in which it is very difficult to discover the family neurosis. Everything is opposed to your intervention: the customs of life, the comfort of certain diseases, and above all, the medical tradition. Often the doctor becomes a weapon which the neurosis uses to justify its ends, to turn aside all intervention capable of threatening the barrier. In this domain we are perhaps still most defenceless at this moment, the favourite butts of our colleagues' jokes who, though animated by a perfectly good faith, do not suspect the mischief they do and the incredible manoeuvres of the unconscious which they cover

with their authority. The cases of this kind are much more frequent than you think.

In some patients the barrier takes the social form; in some others it plays the whole scale of organic symptoms of which the mental life disposes, when for example the digestive tube is eroticized in the man and woman or when the latter incurs diseases of the urogenital system: stomach pains with Reichmann's syndrome, ulcers in the stomach, duodenal and intestinal colic, jaundice, diseases of the gall bladder; biliary calculus, colitis, hemorrhoids, anal fistulae, on the one hand; on the other: dysmenorrhea, metritis, parametritis, white vaginal discharge, fibroids and perhaps ovarian cysts, then colibacilluria, nephritis and hemoglobinuria, etc., these are the complications which according to us, are capable of being produced and put at the service of the same tendencies as those which create neuroses. You will also encounter other organic symptoms, which, if your case fails, can act as barriers: certain inflammations, arthritis with its allied symptoms, gout and rheumatism, vascular complaints, mineral deficiency of the organism and its manifold manifestations, tuberculosis with all its possibilities of suffering and flight before life; and let us not forget the great neuroses, properly so-called, the phobias, obsessions, anxious and depressive states, alcoholism, etc. Of course, we do not know the pathogenesis of the organic states which appear to us to be dependent on a psychic state. But we have to state a relation of cause and effect when we see these states transforming themselves and often disappearing in the course of treatment.

The children from such a home are in the same predicament as those of a father in whom the

barrier was represented by work. They are abandoned to servants or relations. Often they are more or less strongly affected by the family neurosis and in their turn acquire the habit of using the disease in their games. They suffer from the parental neurosis in their *Super-ego*, are more or less inverted and remain fixed in their affective development to an infantile stage.

Even in certain medical circles, they are beginning to suspect the real cause of these states more and more, and they appeal to our intervention. Much surprise is manifested at the whole scale of symptoms, as many organic as physical, to which the organism can appeal to defend a neurosis. Much experience, judgment and independence of mind is required to begin upon cases of this kind, and you risk being in continual contradiction with colleagues whom the patients put in your way to cover up their flight. But in many cases, with the necessary tenacity, it is possible to succeed and modify the family environment by your intervention with one of the parents and then, if necessary, with the other. It is nearly always the children who benefit most from the treatment. Their life is totally transformed, so are the attentions with which they are surrounded, their conditions of existence and their possibilities of development.

Before concluding, I should again like to draw your attention to a particular development of the family neurosis, a development which has its starting point in the death of one of the parents. It goes without saying that the family environment cannot remain the same in this case and that the change must have a profound influence on the children if there are any. Even the remarriage of the surviving parent does not always remedy the

situation. Often it aggravates the evil, especially if the remarriage is made under the influence of a feeling of guilt which urges a choice of the new consort in the direction opposed to normality. The children are marked if they lose one of their parents when they are still quite young—from 2 to 6 or 7 years. And it seems to me that the disappearance of the parent of the same sex turns out to be a still greater trauma than that of the parent of the opposite sex, if this loss occurs during the first stages of the Oedipus complex. At that time the child reacts to the first impulses of a positive Oedipus complex by an attitude of defence which is translated by a fixation to the parent of the same sex whose disappearance he cannot endure. If this disappearance occurs before the child is fit to endure it normally he reacts as if he were guilty of it. There results a feeling of guilt, capable sometimes of impeding more or less totally the normal development of the child's affectivity and of putting him in the wrong path with all that this signifies when the child, now an adult, would like to found a home. We know of a case in which a man who had lost his father when the latter was 42 (the child was then 4) reacted as if he, too, should die at 42. This shock represented by the father's death showed itself not only by anxiety, but by the unconscious obligation of realizing his own failure and destroying himself, in virtue of the law of retaliation which would forbid the son to pass the age of the father. Besides this these men often become the victims of situations like those we described in the beginning, when we spoke of the 'good middle-class family' such as Mr. Goinart's.

In the case of a girl who lost her mother the situation is the same. The feeling of guilt pushes

her to choose wrongly and become a victim, as we have already seen. The loss of the parent of the opposite sex seems more easily endured and reparable by the re-marriage of the surviving parent, provided, of course, that this re-marriage is made in the right direction.

We shall develop the influence of religious beliefs on the family neurosis elsewhere and determine under what circumstances a Catholic, Protestant or Jewish neurosis would arise. What appears certain to me is that there exists a profound relation between the mental life of the community and the family neurosis. According to the environment, class, community and nationality, this mentality can give its particular colour to certain forms of family neurosis, the development of which is favoured by it. We shall discuss this again later when we approach the question of the *Super-ego* and its part in the development of these neuroses.

I think that I have now given a general outline of the most important clinical aspects of the family neurosis. I have stressed its most typical manifestations in order to bring into evidence the existence of an evil which is still too little known and which we so often find at the base of severe neuroses which we have to treat. These neuroses are mostly single cases of family neuroses, but capable of extending to all members of a family. To understand a neurosis you must take into account the place in which it has developed. And nine times out of ten, the influence of the home means that of the parental *Super-ego* on the formation of the children's *Super-ego*. In his last book: *Neue Folge der Vorlesungen zur Einführung in die Psychoanalyse*, Freud writes in the following manner on this subject (page 94): 'Thus the child's *Super-ego* is not really formed on the

parents' model, but on the model of the parental *Super-ego*. It is made of the same contents, becomes the support of tradition and of all values and durable appreciations which are in this way carried on from generation to generation. You can easily guess what important contributions to the understanding of the social behaviour of men, as for example that of vagrancy, and also what precious hints for education can be provided by the study of the *Super-ego*.'

In our opinion Freud does not insist enough upon the idea of the family neurosis which proceeds completely from his conception of the *Super-ego*. For if the parental *Super-ego* is pathogenic it is revealed in an inevitable manner, not only by neurotic reactions in parents, but also by the constitution of a neurotic *Super-ego* in the children. It is true that the same parental neurotic *Super-ego* does not always produce the same reactions in different members of a family. There is an individual element which intervenes and which arranges it so that one person can react differently from another to the influence of a family neurotic *Super-ego*. But it is not, in our opinion, less true that the neuroses seem to be the manifestations of a collective rather than an individual phenomenon, much more than we are in the habit of believing. The individual, in this class of ideas, would appear like a resonator or a reflector which would submit to the traumatizing forces of a collective pathogenic *Super-ego* issued from a central focus. The actions of these centres could be compared to that of waves which progress from generation to generation and one would have the right to wonder if they, too, like sound waves for example could not be reinforced or annihilated amongst themselves by creating centres of interference. This would work itself out according to

the individual and the *Super-ego* in question by extraordinarily variable manifestations, according as the individual and his *Super-ego* would or would not be placed in one of these centres of interference.

After this little excursion into the speculative domain let us return to our subject.

All analysts do not share the Freudian conception of the formation of the *Super-ego* in the individual. For Melanie Klein and Jones there exists a primitive, pre-Oedipus *Super-ego*, whose influence would precede that of the parents, and the parental *Super-ego* would be something superadded, something like a secondary *Super-ego*. We may indeed wonder if there is not a primitive *Super-ego* which in mental life fulfils the functions of differentiation of libidinal urges, as occurs for example in organic life with the foetus being formed under the direction of the organizing agents. Here, the action of the organizing agents would be manifested in order to deprive the cells of the organism of a certain number of qualifications which they possessed at the beginning when they were undifferentiated: the organizing agents assign them their place, limit and functions in the frame of the body. If the primitive *Super-ego*, therefore, exercised its influence on the libido of the *Id* after the manner of the organizing agents the parental *Super-ego* would only have a secondary action which, in passing from generation to generation, would perhaps be derived from the primitive *Super-ego*. The latter would be in this connection a hereditary *Super-ego*, characteristic of mankind. The parental *Super-ego*, on the contrary, would be a *Super-ego* acquired by mankind and individuals. The primitive *Super-ego* could then play its part in the elaboration of neuroses and hereditary psychoses, whereas the parental *Super-ego* would above all be

the vehicle of acquired neuroses. However that may be, we must indeed confess that at the present moment it is difficult for us to distinguish between these two forms of *Super-ego*. In practice they are superimposed in their action and therefore work themselves out in complex family neuroses which are expressions of the tendencies of the parental *Super-ego*.

In the family neurosis we have to fight a real social plague, a kind of monstrous and malign tumour which destroys the sap with which human society is nourished. The force which animates this society is then sterilized; the libido which normally creates life is put at the service of that which is choking and destroying it. A crowd of unhappy people are floundering in useless suffering, powerless in the chaos of finding a way out and of changing the path of their destiny. And yet, as you know now, in many cases, this unfruitful suffering is unnecessary for the production of to-morrow's life. Here is, therefore, an ideal field of action for all those who really have at heart the amelioration of the lot of men and the task of making them happier. This task is immense, we know it. And we are still very badly equipped to accomplish it.

Our action must be both medical and social. Medical for our patients and social to form the educators and pedagogues to whom the community commits the fate of youth, the generation of to-morrow. I even believe that psycho-analysis must work in the social scheme to organize mental hygiene in the knowledge of its cause and create a favourable environment for the normal development of the individual. Let us appeal to all people of good will, let us not reject any of them, however humble they may be. It is among the humblest

THE FAMILY NEUROSIS

that the cause of humanity often meets the most fervent devotion and the most sincere sacrifices. Psycho-analysis should not be the monopoly of doctors and experience proves that the best doctors of the soul are not always those who have that title. We have come far enough to be able to leave the period of conception of our science, a period in which it was more important to formulate the theory than to succeed in practice. We now enter upon the period of realization in which we need to be upheld in the struggle by all those who are not insensible to the cause of human equilibrium and who, since they want to serve noble causes, demand to know the direction of our action, to follow us and sacrifice themselves for the good of the community. We have need of them, let us have the courage to call them to our aid.

THIRTEENTH LECTURE

INDICATIONS FOR TREATMENT AND THE PROGNOSIS

AFTER studying the general lines of the symptomatology of the different neuroses and examining the progress of the treatment we can, I think, approach the thorny question of the *indication of psycho-analytical treatment* and the prognosis.

You must not think that psycho-analysis gives us the right to treat every case as people, inspired by a beginner's faith, would very much like to do. On the contrary, we are forced to study the patient carefully before knowing if psycho-analytical treatment is or is not indicated. In some cases it is during the treatment that the question of knowing if it is worth going further or if it is better to be content with the results already acquired arises.

Psycho-analysis is generally recommended in anxiety neuroses, phobias, obsessions, neuroses with unsocial reactions, masochistic neuroses and those which we called failure neuroses, quoting as an example that of Baudelaire.

We can besides treat sexual impotence in men, frigidity in women, certain perversions, certain cases of homosexuality, kleptomania, exhibitionism, nervous tics, coprolalia, etc.

In the domain of organic symptoms, we can quote certain cases of eczema, urticaria, herpes, hay fever, asthma, tuberculosis, Reichmann's Disease, nervous

gastro-enteritis, obstinate constipation and all the list of genital affections in women in all cases in which a profound study has revealed the psychic origin of these affections to us.

In the domain of psychoses it is indisputable that certain cases of schizophrenia, hypochondria and certain paranoiac states can be treated by psycho-analysis which is not, however, generally used for their treatment. It remains reserved for patients on whom only an experienced psycho-analyst, who knows when to stop, can cautiously make an attempt.

The most favourable cases for treatment are, of course, those with classic neuroses in which there is generally no risk of seeing the patient's reactions extending beyond a certain intensity. Already in cases with organic symptoms, psycho-analysis can be complicated by the fact that certain of these organic symptoms succeed in transforming themselves under the influence of the psycho-analytical treatment into psychic symptoms which are sometimes very serious. Simmel quotes the case of an oedema of psychic origin which, after modification of the organic symptom, became transformed into a delusion of persecution. I know of a case in which the disappearance of the organic symptom gave rise to episodic symptoms of paranoia.

It would appear that in certain cases the organic symptom can play the same part in the mental economy of an individual as obsession in obsessional neuroses. In the obsession we see the displacement of an affective charge operating upon a detail which has no direct bearing on the cause of the emotional reaction. In other words, the cause of a mental reaction is repressed but not the mental reaction itself. This makes an irruption into a patient's conscious occupations without there being any

connection between it and the true cause of the reaction. Only a symbolical detail of the latter has escaped the work of repression, a detail which, in conscious thought, takes on the importance of a stupid obsession, ridiculous and without sense. Sometimes this detail is represented by the idea of a defect to which the obsession clings, sometimes by an organic symptom which itself becomes the support of the obsession. When the organic symptom has disappeared the obsession, until then latent, becomes manifest.

The process of the cure is very complex for in every case we treat we are forced to reactivate, by the intermediary of the transference, the initial neurosis due to the primitive situation which has given rise to the patient's pathological development.

You see therefore why, particularly in organic neuroses and psychoses, the therapeutic indication is debatable. But there are also the neuroses which Freud calls narcissistic neuroses in which the character resistance dominates and which we named ethic and aesthetic resistance. Here, as well as in certain neuroses in which the negative reaction released by the progress of treatment is particularly strong, psycho-analytical treatment may not be indicated. You probably remember the cases which I have described and in which for example the appearance of dreams with a positive expression is capable of provoking reactions of amazing violence.

I am going to quote the following case: Mr. F. is a young man of 32 who, through one failure after another, lost his fortune and his situation. He is impotent in relations with his wife, unless he pretends to himself that he is with a man, which immediately provokes an erection. He is the same in his attacks of masturbation. Mr. F. is very obsessed

with sexuality. He can masturbate for hours, avoiding the ejaculation, in order not to provoke it more than three or four times in an afternoon. Apart from this his great passion is men; men of all stations, as much friends in his own social class (intellectuals and upper-middle class), as workmen and street-arabs. His best friend is a mason. By preference he spends his week-ends with him. His favourite occupation consists in dressing up in dungarees and going into all the urinals. There Mr. F. meets the right kind of men. He has the feeling that he is irresistible and even a priest does not stop him. Mr. F. is very devout but in his own way. Every day he prays to God to help him make the acquaintance of priests and to allow him to enjoy his sin without contracting any venereal disease. Every year he makes a pilgrimage to Lourdes in the course of which his principal occupation consists in "doing" the priests. He often goes to confession and takes Communion, convinced that God is not angry with him because of his escapades for which he feels irresponsible and besides God created him like this. During his adventures Mr. F. also likes to beat himself, especially if he is dressed as a workman and does not risk recognition. With street-arabs he has more than once just missed being killed in more or less bloody brawls. This patient is the one whose speciality consisted in inviting those of his friends who had played him a bad turn to come and visit him when he had contracted an anal blennorrhagia, and then contaminate them in revenge.

This case is therefore characterized by very severe psychic difficulties (social failure, impotence, masochism, gastro-intestinal manifestations accompanied by vomiting provoked by emotions, etc.). But the patient does not feel unhappy. We are dealing

here with a man gifted with a very acute psychological sense and a great artistic sensibility. He has a profound knowledge of the mentality of different social classes, particularly of the society to which he belongs, and it amuses him to laugh at everything, both God and the devil. It is his triumph. As regards money, Mr. F. has remained independent thanks to some hundreds of thousands of francs coming to him from his mother's great fortune. His case would look very different if he were obliged to work and earn his own living; but if he wishes he can pay for the luxury of remaining as he is. A provisional analysis showed that for the moment psycho-analysis was not indicated. The disease was giving Mr. F. great satisfaction. The treatment was capable of provoking big reactions without giving the sufficient guarantee of a happy result.

Mr. F. lost his father when he was three years of age. His mother then began to travel a great deal, trying to better a pecuniary situation which was compromised after her husband's death. She married a rich Australian who had since died and who had left her and her children a great part of his fortune. They had tried to give Mr. F. a very sound education.

His analysis proved to us that, just as he needed the anal blennorrhagia to revenge himself on his friends and the deceptions which they caused him, so he needed his disease to revenge himself on his mother and he could not endure this vengeance being disputed. He reacted unconsciously as if his mother had abandoned her children for money and as if she deserved to be punished by their fall, by the refusal of all confidence and by abandonment. This I saw the day of his first big reactions in the course of the treatment which I had just begun. The

patient arrives at his consultation furious, tells me that he cannot continue to come and see me, that an important event had taken place which had opened his eyes, that he would not endure being dependent upon someone else's opinion, that he alone counted in his life and no one else, etc. This is the event in question:

The patient wrote to ask me to change his time of appointment. He was going to end with these words: 'Please accept my regards' when he stopped hesitatingly, not wishing to put the word 'kindest.' Brusquely he decided to write 'best'; but at that moment he was called to the telephone. On his return he declares that he had written regards without leaving any space for 'kindest' or 'best.' He then wants to correct his stupidity but is overcome by his scruples. 'The doctor will see that I put in this word, he will understand that I hesitated.' The fact that it might be noticed was disagreeable to him. He therefore begins his letter again and he tells me that only after writing it a second time are his eyes opened; he knows now how much he esteems my opinion, how much he wants to please me and this urges him to kick against the prick. He flies into an extraordinary rage: 'All because a fool, an idiot, an imbecile comes and examines your thoughts: no, I can't stand it.' It was all the more unbearable because he had sworn that the treatment would slide over him without provoking any reaction, accustomed as he was to doing as he liked with other people. He felt himself therefore being threatened. Rage was soon followed by anxiety. He probably needed to feel himself omnipotent in order to repress victoriously feelings of guilt and anxiety which were intolerable. Here is a man who has been brought up without a father; he reproaches his mother for

having abandoned him and takes away from her all his confidence which he no longer wants to trust to anyone. It is as much a real passion for him to destroy as to live an interesting, lively and for him original life in the lowest depths of society. He has never been accustomed to regular work, has always known how to avoid all obligations by his charm whether in his regiment or elsewhere. Apart from this since he forces himself to be desperately honest and in his way loyal when he is face to face with himself, he has the feeling of being the only one who knows his qualities which he refuses to share with anyone else. He does not want this treasure of his soul to be known and soiled by his surroundings. He cannot bear to change his opinion on this point. He trembles at the idea that we might advise him to continue the treatment and prevent him from going away. To make this impossible has become a question of honour for him.

Well, I gave up using my influence to make him agree to the treatment. I should perhaps have discovered later that behind this assertion of omnipotence might be hidden the feeling of impotence and inferiority, the revolt of a betrayed and soiled soul, the revolt of a person trampled upon by an understanding and masterful mother, from whom he wanted to separate at any price. It would have been wrong to make this treatment a question of therapeutic vanity.

There are revolts buried in a neurosis which it is better to leave where they are. These revolts in certain patients can go as far as the need to kill. Nothing is more difficult than to pacify someone who, consciously as well as unconsciously, wants to know nothing more of normal social life.

This case brings out the influence of the narcissistic

resistances on the patient's reactions in a very clear manner. He does not want to like anyone but himself.

There are a certain number of cases in which, as we have already pointed out, it is only in the course of the treatment itself that we see that we cannot continue the analysis any further. These are the people who, according to Freud, present too strong a negative reaction. This reaction is characterized by a feeling of intense guilt, accompanied by an enormous need of punishment. It is impossible then to analyse the smallest contents of the symptoms. The patient comes to the analysis in a state of anxiety, accusing himself of doing everyone wrong, enduring no contradiction, reproaching you and himself for faults, provoking endless discussions, crying . . . etc. These are the reactions which I mentioned in the lecture 'Concerning the fundamental rule of treatment.'

This reaction can hold up the treatment during a few sessions. Then it becomes calm for a certain time. But each time that the patient brings some material it becomes twice as violent, in fact you wonder sometimes after several weeks of this torture, if there really is a way of progressing and if the patient is not paying too much for each inch of enemy ground which he conquers with so much difficulty. Among these cases there are some in which you can interrupt the treatment and try to take it up again later. There are others, on the contrary, which continue to present the same reactions. It is wise then not to insist further. We have already told you that these reactions are particularly strong in men who have the ambition to play the part of a pregnant mother and in women whose supreme ambition is to play the part of the male and

head of the family, which can end in the separation of the mother from the father and the child. This reaction can be the expression of a hatred of the opposite sex and of a disappointment at not being able to play this part. In the man the grief is his treasure and a child which he seizes to protect it from any attack, as a lioness defends her young. In the woman it is an overflowing activity, a continual fear, a perpetual whirl of ideas and the eternal pursuit of new projects which provide her with the opportunity of always feeling active, that is to say, always in the act of coitus, and this activity can be revealed by tortures which she inflicts on herself as well as on her surroundings and which she cannot renounce any more than the man whom we have described above could renounce his grief. You know that this neurotic activity can in certain cases be sublime and thus give rise to compensations. There are men who derive from their grief the force to create a work of art of which they deliver themselves like a woman of a child. There are women who, by their febrile activity, find themselves launched into money affairs, into benevolent works, into all kinds of sport and different artistic careers which allow them to realize by sublimation their neurotic ideal. Everyone knows how frequent the cases of frigidity and homosexuality are amongst actors, women writers, dancers, etc. . . . By destroying their neurotic mechanism they destroy at the same time the sublimation by which they can be realized. And sometimes, once the sublimation is destroyed, some people have no strength left to put an equivalent in its place to proceed in the normal direction. A most painful conflict can result. The individual, separated from his past, is incapable of fitting in the present; he feels himself destroyed,

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deprived of his means of action and of all his reason for living. Incapable of finding his equilibrium he aspires to a new disease, any disease (social unhappiness can play an analogous part), provided that he can return to the pathological equilibrium which he had before the treatment.

We know cases in which the subject hesitated between a disease and a criminal act, thus allowing him to realize the degree of punishment and suffering which he needed to feel happy and to push both the treatment and himself towards failure. When these reactions occur with such force you must not hesitate to stop the treatment. It is true that they sometimes occur in cases in which the aim of the treatment is practically reached, at the moment when the patient feels with a particular sharpness the loss of the secondary advantage of a neurosis. They are often alarming in cases in which the subject who has not suffered too much from disease during his existence has succeeded in making it a means of action to obtain glory and success.

Sometimes too you may be dealing with a true criminal who under the protection of his disease, accomplishes his unsocial business. In these cases also the subject clings to his disease like a soldier to his shield. The loss of the secondary advantage risks being too much after treatment and the patient can react as if he had been balked of his goods, of a treasure or fortune. Then we see all kinds of claims of a paranoiac character appearing in him, as well as ideas of persecution such as may occur in the treatment of hypochondriac delusions when, under the influence of psycho-analysis, it is transformed into a paranoiac obsession.

In hypochondria the patient presents disorders of

a cenesthenic type (he has the sensation that his heart is unhinged, his stomach in bits, his lungs rotten); we know of a case in which psycho-analytical treatment, applied according to the rules by one of our colleagues, determined a paranoiac delusion: the patient killed his father. In another case, which I treated, the hypochondria became transformed into a delusion of persecution which was only cured very slowly and after severe reactions which were very dangerous for the analyst.

We have the best chances of success with certain schizophrenics, provided that we know how to adapt the treatment to the case, as we have already said, and to refrain from insisting too much when ideas of suicide or murder are revealed by strong impulses. But I know of cases which have benefited in a large measure from psycho-analytical treatment.

I should also like to insist again on the age which plays a large part when treatment is not indicated. We sometimes have to deal with old neuroses which have accumulated with age; the patient would hardly endure seeing himself exposed to live through the initial neurosis again with all the shocks and emotions which it involves. The limit is usually about 45 but it is drawn in rather a schematic manner. There are cases in which the subject had aged before his time and others in which he had kept relatively young after reaching the age of 50. The age of the neurosis must also be taken into account. When the neurosis is of a relatively recent date and fits into the frame of topical neuroses it can be treated even at an advanced age. I thus treated a woman of 68 for an anxiety neurosis which went back to the age of about 55, an age at which the patient had remarried. She had been very happy

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with her first husband who left her a widow at about 50. The understanding of the nature of her anxiety (a desire to see her second husband die) made the symptoms disappear and allowed the patient to adapt herself to a reality which she wanted to ignore.

Let us now approach the question of the prognosis of psycho-analytical treatment. It is difficult to make a prognosis at the beginning of a treatment. There are cases which can present serious, violent symptoms and which the treatment succeeds in overcoming with a rapidity which is unusual in psycho-analysis. There are others, on the contrary, whose treatment can last for years, in spite of a symptomatology which is benign in appearance and which in no way hinders the patient's activity. There are violent reactions which often occur at the end of treatment and which the patient cannot endure unless he has been prepared by the analysis. Then the treatment can miscarry and the patient goes away without being cured. There are also cases which one analyst does not succeed in curing and in which another, with other personal reactions and a different temperament, may perhaps succeed.

Besides the experience and knowledge of an analyst his personal temperament must also be taken into account, as it concerns his successes and failures. This makes the manner of proceeding vary from one analyst to another in spite of the general rules of analytical treatment to which each tries to conform. And these personal differences intervene in spite of the analyst and force him to specialize in the treatment of cases to which his temperament is best suited. The result of all this is that a personal coefficient intervenes in the prognosis of a case,

according as it is treated by such and such an analyst, even if these analysts are equal in knowledge and experience.

This is why it is difficult to guarantee someone the success of a treatment, even if you have a favourable impression from the beginning.

Apart from this you generally notice that a neurosis is more easily cured if it is of recent date. An old neurosis in a fairly old individual is, of course, difficult to uproot and sometimes the operation is not accomplished without more or less disagreeable surprises.

To establish the prognosis of a treatment in cases in which a neurosis goes back to childhood it is useful to take into account the family surroundings in which the subject has evolved and developed. The loss when young of one of the parents is often capable of jeopardizing the success of a treatment. According to our experience the little boy does not endure the loss of his father without a more or less serious neurosis, nor the little girl that of her mother. The child often reacts to this loss by feelings of guilt so that the whole normal affective development is considerably hindered. Then there is the question of the family neurosis. We have said elsewhere how, according to the case, it can react in a very unfavourable manner on children. From our own experience the prognosis is always rather bad in masochistic neuroses when a boy has a feeble and effeminate father, incapable of resisting a masculine woman who feels the need of punishing her husband and son. The same can be said of a woman who has had a brutal father, without understanding both his wife and daughter. I should like to remind you that this bad influence of parents on the psychic development of a child is sometimes

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counter-balanced by that of a governess, an aunt or an uncle.

But let us return to the question of the prognosis. Generally the masochistic neuroses and perversions appear to be the most difficult to treat and we reserve their prognosis for a long time. Among these cases there are certain cases of sexual impotence, frigidity, and homosexuality which may resist the treatment for a long time. It is difficult to realize this at the beginning of an analysis and often it is only after a fairly long time that a decision can be given on the prognosis and we then recover from the illusions with which we are tempted to undertake a treatment until an unhappy experience has succeeded in tempering our optimism.

Let us not forget the character neuroses. These are neuroses in which the neurotic symptom is not revealed by a pathological behaviour but by a character trait or a sublimation.

There are cases in which the subject has succeeded so well in sparing himself any hindering and unsocial symptoms by his sublimation that he can be justly proud of the way in which he has re-established his psychic equilibrium with the minimum of inconveniences for himself and other people. It is often very difficult then to make a patient understand his own case. And if you succeed the subject, according to his intelligence, will defend his symptoms or his sublimation all the more because he knows how to derive big advantages from it. Sometimes the most gifted people provoke difficulties of this kind in spite of the appreciable help which their intelligence can bring to their treatment.

The prognosis is decidedly bad for the majority of hypochondriacs and paranoiacs as well as for those

suffering from melancholia, whom certain colleagues have now begun to treat by psycho-analysis.

With regard to the organic neuroses the prognosis is often very favourable, beginning with the gastrointestinal neuroses. It is of course necessary to know how to resolve the mental symptom which in these cases often replaces the organic symptom which the treatment has succeeded in making disappear.

As for treatment of schizophrenia its prognosis is generally not very favourable, although the number of schizophrenics curable by psycho-analysis is, in my opinion, much higher than we tend to believe. Apart from this the prognosis is relatively good in all cases in which the familial *Super-ego*, which has become the neurotic *Super-ego*, does not put too many obstacles in the way of the progress of the analysis.

All these considerations show that personal experience plays a big part in the application of psycho-analysis. This experience teaches us to consider the situation created by the neuroses with much circumspection and to undertake the treatment with tact and prudence. It forces us to seek ways other than those of classic treatment in order to fight the evil, to appeal to the educators and pedagogues to help us in our action which should be preventive rather than curative. It forces us to revise the notions we hold of human values and criticize the false values to which our ignorance of the neuroses had led us. In this way the problems take on a character which is as much social as medical and therapeutic. All this explains the particular difficulty of our task: it exacts from us the acceptance of severe and disappointing trials which fall to the lot of pioneers. Let us also advise all those

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who do not feel that they have a pioneering temperament to give up practising psycho-analysis. Pusillanimous conceptions, hesitation and unhealthy scruples would only constitute an obstacle for those who follow Freud in his path and accept the consequences and responsibilities which it involves.

FOURTEENTH LECTURE

THE THERAPEUTIC FACTOR IN PSYCHO-ANALYSIS

WE believe that various factors can contribute to the cure in analytical treatment. These factors can be completed and combined according to the cases and it even happens that one or another is clearly predominant.

We must, therefore, try to understand first the nature of these diverse therapeutic factors and then the structure of the cases in which one or another of these factors plays a decisive part in the course of treatment.

There is doubtless a factor common to analytical treatment and ordinary psycho-therapy; the patient's confidence in the doctor. On this factor the doctor's influence depends and also the suggestibility of the patient. However, in distinction to ordinary psycho-therapy, psycho-analysis does not use the patient's confidence and his suggestibility to repress or deny the symptoms, but on the contrary to make him accept and later understand them. In other words: the doctor uses his influence to break the patient's resistance to the acceptance of his symptoms, since these are only the expression of unconscious tendencies. Then he tries to support him in an effort which is accompanied, in many cases, by very painful reactions.

The doctor's degree of influence and the confidence

which he inspires depends in psycho-analysis more than in anything else on the nature of the neurosis from which the patient is suffering and on his reactions in the course of treatment. But the analyst's personality, his individual gifts, his understanding and his attitude towards human suffering also play a very big part. However, the patient's confidence and suggestibility would be of secondary importance if there was not another factor of great importance without which the greatest confidence in the doctor would only have a feeble effect: it is the patient's effort to become conscious of the impulse or tendencies proceeding from the *Id* or the *Super-ego* and to overcome the resistance which the *Ego* opposes to this effort. The aptitude to provide this effort depends a great deal on the nature of the neurosis and the patient's desire to be cured.

We are now faced with a third factor: the patient's desire to be cured. This desire to be cured seems determined in the first place by the kind of neurosis from which he is suffering. But it also seems conditioned by the analyst's attitude towards the patient and seems to depend very much on his influence. The analyst, therefore, plays a decisive part regarding the therapeutic factor, as Nunberg has shown us in his fine work on *La volonté de guérir*.

It now remains to be seen how these three factors can be combined and completed. The doctor's personal influence on the patient and the latter's suggestibility can be very small, but the desire to be cured so strong that, in spite of everything, the struggle against the resistance which the *Ego* is opposing to becoming aware of the impulses and the unconscious tendencies can be made to succeed. Or again, the desire to be cured can be feeble but the

analyst's influence on the patient so strong that it impels the patient, in spite of his doubts and inhibitions, to provide the necessary analytical effort. Or again, the patient can have so marked an aptitude for providing the analytical effort that in spite of a relatively feeble influence on the part of the doctor and a very small desire to be cured the cure seems possible.

To these three therapeutic factors there can, in our opinion, be added a fourth, an element of variable importance whose effect can be diverse: we mean the influence of a shock or moral suffering on the patient. Experience shows us that certain patients react with a stronger desire to be cured or again with a great aptitude for analytical effort when they are under the influence of a misfortune, a loss of fortune or an exile for example. Sometimes, too, the loss of a close friend or again an accident—a car accident or a fall with the fracture of a limb—determines these dispositions. But these appear most clearly in patients whom circumstances have torn completely away from the habitual frame of their existence and who have had to accept their loss. This fourth factor, however, and this can easily be understood, is very relative and uncertain, although it can, should the case occur, contribute in a great degree to the desire to be cured and to the patient's analytical effort.

Of these four factors the analytical effort, that is the desire to struggle against the resistance which the *Ego* opposes to the unconscious, appears to be much the most important. And it is this factor which, at the bottom, distinguishes psycho-analytical treatment from other methods of psychotherapy. Starting from this fact Freud has therefore been able to call psycho-analysis all psychic

treatment which has as its object the struggle against this resistance of the *Ego*.

What is now, according to the neurosis, the part of each of these factors in analytical treatment?

To understand the problem better let us examine the structure of the diverse neuroses more closely.

It goes without saying that the desire to be cured differs with the kind of neurosis. A neurosis which particularly stifles the patient's *Ego* will develop in him a much stronger desire to be cured than a neurosis from which he could obtain a considerable secondary advantage. In other cases, in spite of severe pains and great suffering, the desire to be cured can be hindered and paralysed by the patient's need of punishment. All this is very complicated and I should have to enter into the details of the problem to make it intelligible.

What is the character of the analytical effort, that is to say the struggle against the resistance, which the *Ego* opposes to the unconscious tendencies? Let us examine the nature of this resistance which Anna Freud has explained so well in her book: *Das Ich und die Abwehrmechanismen*.

We know that the resistance starts from the *Ego* and if necessary, from the *Super-ego*. From the point of view of the *Ego* it represents a defence against impulse or instincts which appear suspicious to it, impulses proceeding from the *Id* and from which the *Ego* has withdrawn without digesting normally, as it should have done in the interests of the individual. The resistance, moreover, is equivalent to the incapacity of the *Ego* to oppose the impulses of the *Super-ego* which are hostile to it. It is an attempt at flight on the part of the *Ego* before the *Id* and the *Super-ego* and a flight which often results only in disease. We know, moreover, that according to the

cases this attempt at flight can, in spite of everything, more or less succeed and end in a relative and quite endurable equilibrium, according to the individual's social situation. The *Ego*, the *Id* and the *Super-ego* then succeed in making a pact. This pact allows the *Ego* to renounce, with a relative facility and often with a great secondary advantage, the sacrifices to which it had to consent to face normally the exigencies of the *Id* and the *Super-ego*.

In other words: there are some situations in which the neurotic conflict cannot be resolved and in which the *Ego* is exposed to painful suffering and great dangers and there are others in which an opportune solution has allowed the *Ego* to attain an equilibrium which is often relative, it is true, but capable of procuring a large secondary advantage for it. In this case the resistance against the analytical treatment will be much greater because it can often justify itself objectively and it can do this each time that the neurotic believes himself justified in defending his neurotic equilibrium and does not want to expose himself to the often very painful reactions which the process of the cure can provoke in the course of treatment.

In the first case the secondary advantage of the neurosis seems relatively small; in the second it can be more or less important. And this secondary advantage does not, of course, fail to influence the desire to be cured. But the desire to be cured can also, in spite of a strong compression of the *Ego* and great suffering on the part of the patient, be very small each time that the *Super-ego* and the need of punishment which it determines is opposed to the cure.

From the purely clinical point of view, we are therefore dealing with several groups of patients in practice:

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(1) Patients who are suffering severely and do not adapt themselves to their suffering and react against the neurosis and its dangers by a strong desire to be cured.

(2) Patients who suffer severely and wish at any price to resign themselves to their suffering because their *Super-ego* forbids them all desire for and hope of cure.

(3) Patients who have become resigned to their neurosis, have found compensations in it and derive a more or less great advantage from the situation.

It is not at first apparent from the clinical diagnosis in which group the patient should be classed. Obsessive patients and those suffering from anxiety states can, for example, be found in the three groups. It is the stage of their development and their individual destiny which will determine the group to which they belong.

Let us take as an example the following case: A young man finds he is forced, on the death of his father, to succeed him in the business and assume his responsibility. It is an outfitting establishment which requires a certain amount of initiative and publicity, particularly because the years of the crisis have rather unsettled the business. The young man who is the actual head of the enterprise suffers from anxiety and digestive troubles. His analysis exposes grave disorders, determined by the fear of castration, a fear which hindered the patient's *Ego* in the normal genital evolution. He has not succeeded in overcoming the Oedipus complex, he has repressed the genital tendencies towards his mother and women in order to regress to the anal stage and became fixed to the father. He thus renounced the rivalry with the father and, in seeking to gain

his protection and love, renounced his virility. Until his father's death the patient was an intellectual, a contemplative type, an artist. His digestive disorders go back to childhood but the attacks of anxiety only began with the father's illness and have increased since his father's death.

It is easy to understand how this patient's *Ego* reacts through his anxiety:

(1) He suffers from real fear because, owing to his state, he cannot appear at his best in the business and because, as he is passive, it is impossible for him to take the necessary initiative in a firm specializing in 'men's clothes.' Besides, he has lost his father and by losing him he sees himself deprived of his protection. (2) He suffers from the fear of the *Super-ego*, because the *Super-ego* forbids him to take his father's place at the head of the business. And thirdly, a great fear of the exigencies of the *Id* may also be playing a part in the evolution of his anxiety.

Result: the patient's *Ego* is in an extremely painful situation; we must, therefore, class it in the first category and perhaps the second according to the influence of the *Super-ego*. This same patient, however, belonged before his father's decease to the third group which is characterized by a considerable secondary advantage and a very small desire to be cured. The young man could then live at his father's expense and give himself up to art; he had compensated the renouncement of women and love and his aesthetism, by a certain poetical activity, by homosexuality and masturbation. He would without doubt have rejected any idea of an analytical treatment at that time, whereas now he is going to seek the aid of an analyst he knows.

There evidently exists a series of neuroses which

can at first be placed in the third group, if no particular event comes to draw them away from their neurotic equilibrium and make them react like patients of the first and second groups. We refer to most character neuroses: those suffering from narcissism and phobias, certain homosexuals, certain people suffering from impotence and also unsocial people and criminals; then certain organic neuroses in which an organic symptom, an ulcer of the stomach or the intestine, for example, has fixed the anxiety and banished the feeling of guilt.

To understand how feeble the desire to be cured is in these neuroses it is sufficient to point out the Don Juan type and think of the great secondary advantage which patients of this group know how to derive from their neurosis: I refer to their feeling of omnipotence and irresistibility respecting women, the satisfaction they feel in sacrificing them to their sadistic impulses, without forgetting the voluptuousness which proceeds from an unconscious homosexuality.

We could not give the resistance its true value and signification if we did not take into account the aesthetic causes which, like economic causes, play a very big part in character neuroses.

All this proves the infinite variety of therapeutic factors in the different groups of patients. By far the greatest number of neuroses belong to the second and third groups and are deprived of a strong desire to be cured; which really means that the analyst is nearly always forced to cure his patients, so to speak, in spite of them. The decisive therapeutic factor in this case is not so much the patient's business as the analyst's and it depends on the latter's will and capacity to cure his patients. We have now come to the most important point and perhaps also the most delicate of our subject.

If analytical experience led Freud to recognize the necessity for analysts to be analysed themselves there are many good reasons for it.

The more experience we acquired the more we were forced to admit that analysts were human and that unconscious conflicts could hinder their desire to cure the patient. The analytical work had, therefore, to be freed as much as possible from any hindrance which might proceed from the analyst's particular psychic difficulties.

These difficulties are ignored by none of us and we know the dangers which can proceed from them, both for the analyst and the patient. It is to the analyst's great merit that he was able to recognize the problem and attack it objectively. For each one had to submit himself to a severe analytical examination and to admit to himself in all sincerity the personal faults and weaknesses which could hinder his work. And this at the risk of great loss of time and infinite complications in his analytical education. It was a question of reacting against the too human tendency which could make the analyst see in the analysis only a magic procedure to cure and dominate men. We had to take into account the stumbling-block represented by the desire of the patient to suffer and be punished and to put the analyst at the service of this need rather than at that of his cure. We recognized that the treatment could become a means of unconscious, erotic satisfactions for him and the analyst must make it his duty to prevent the analysis from becoming an end in itself; you must bring the patient slowly to give up using the analysis as a compensatory satisfaction of erotic needs. It is evident that it was not easy to find an adequate solution for this problem. It was a question both for the analyst as well as for the patient of

preventing the analysis from becoming an obsession, as we stated in our work on exceptions to the analytical rule.

Often, in the course of what is called negative transference, women with the male desire to fertilize push the analyst into a passive part and try to deceive him in order to prevent him from directing their masculine complex. On the other hand among men certain homosexuals cannot prevent themselves from speculating on a homosexuality which is perhaps unconscious or a need of punishment on the part of the analyst in order to put them at the service of their resistance against the analysis.

Experience proves that these attempts at corruption by the patient on the analyst are stronger when the patient is more intelligent and talented and when he has to struggle in the course of the treatment with stronger negative reactions or sacrifice an important secondary advantage. The analyst is only too often exposed to the danger of letting himself be disarmed by the suffering which can arise from the treatment of certain narcissistic patients.

All this proves that in a great number of cases the decisive therapeutic factor resides definitely in the ability of the analyst to adapt himself continually to the situation created by the patient. This ability is not acquired without difficulty and perhaps an analyst cannot succeed without his own preliminary analysis, without struggles and trials, that is to say without special qualities. It can be disappointing for more than one of us to have to confess that analysis has not given us a magic wand with which to develop unerringly the analyst's natural talent for analysis. Much has been expected from didactic analysis, more perhaps than it was able to give. But this does not prevent us from recognizing that it is

indispensable. Even if it cannot create the gift for analysis it can liberate and develop it in people in whom it already exists.

The gift for analysis and therefore the personal element which, through analysis, enters into the cure, exacts, according to Ferenczi, the greater abnegation. I do not know whether this condition is sufficient. I think that this gift is the outcome of suffering and struggle the world imposes on us and that it is a spiritual revolt in man, the expression, now become science, of hatred against all human misery, against all persecutions and humiliations, against all that destroys life. And perhaps it is only given to natures which are specially prepared to devote and, if necessary, sacrifice themselves to the permanent struggle against suffering.

The struggle against the patient's resistances, against his tricks, his craft and his open hostility, against his tendency to mislead us and lead us astray calls for a combative nature. And perhaps more: I should like to call it the nature of a master in the true sense of the word. I mean by this: men who love life more than anything, life in all its forms and who are ready to sacrifice themselves whenever it means delivering and protecting persecuted people and this by every means possible.

It is only in this spirit that the struggle against the neurosis can be successfully undertaken and the trials which this struggle involves be endured; only in this spirit can we undertake the heavy burden of knowing, understanding and renouncing, to arrive at the necessary attitude towards the patient, and only thus can we accept and judge the patient's perhaps hostile reactions at their true value and renounce the illusion which his transference of friendship can awaken in some of us. Only in this

spirit, too, can we avoid to resent it if, as he recovers, he becomes indifferent and forgets us, this forgetfulness often being necessary for his cure. Our own satisfaction will be found in having collaborated in a work of healing, in having brought forth fire from cinders, and in having put a ferocious enemy out of action in the neurosis, after a struggle which is often painful, but fair to the end.

We are therefore dealing here with a therapeutic element which is profoundly connected with the analyst's personal sensibility, a sensibility which must be canalized and well-informed so that it will be ready to assume the struggle and ready to carry off the victory.

And this in the majority of cases is the decisive factor, the one which determines the issue of the treatment, the one which without doubt has allowed the weapons of science and analysis to be forged, weapons with which we try to tear the people that suffer from death and destruction. In my opinion the essential element is to act on the *Ego* of the neurotic patient, to awaken his desire to be cured, to fortify and develop the functions of his *Ego* and to assume the struggle successfully against the *Id* and the *Super-ego*.

The neurotic *Ego*, limited and hindered in its development, begins by clinging to the analyst. He must encourage it and give it the compensating satisfactions which it needs to grow and prosper. According to its degree of regression the *Ego* of the neurotic patient finds that it must, under the analyst's guidance, travel over a more or less large part of its evolution, until the time when it can alone assume the struggle, against interior and exterior reality.

We know that this evolution usually comprises

several stages during which the activity of the *Ego* is submitted to very important fluctuations and changes, and in the course of which the synthesis of successive states of the *Ego* are realized. This synthesis is achieved because of the faculty of the *Ego* of being charged with libido, of receiving it and producing it, as Nunberg has so clearly shown in his work on the synthetic functions of the *Ego*.

In the neurotic patient the *Ego* is dissociated and dislocated, so that it is a question of recasting all the parts of the *Ego* in a harmonious whole, and this can only be done by way of its normal evolution.

The infantile oral-anal *Ego* of the neurotic patient seeks with the analyst's help to overcome anxiety and adapt itself to reality by magic and it makes the analyst into magician; later he resorts to religion and the analyst must be his guide, his priest, and finally, in a more developed stage, the patient tries to identify himself with the analyst. By this identification he enters into some kind of rivalry with him, he excludes him from his part and in the end replaces him after succeeding in renouncing and destroying him.

Once removed from his analyst the patient attains the genital stage of his *Ego* and through this his independence. He has passed through the necessary evolution to reach the point of development of the collective *Ego* of his class which allows him to act, to live in harmony with his surroundings and adapt himself to reality.

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